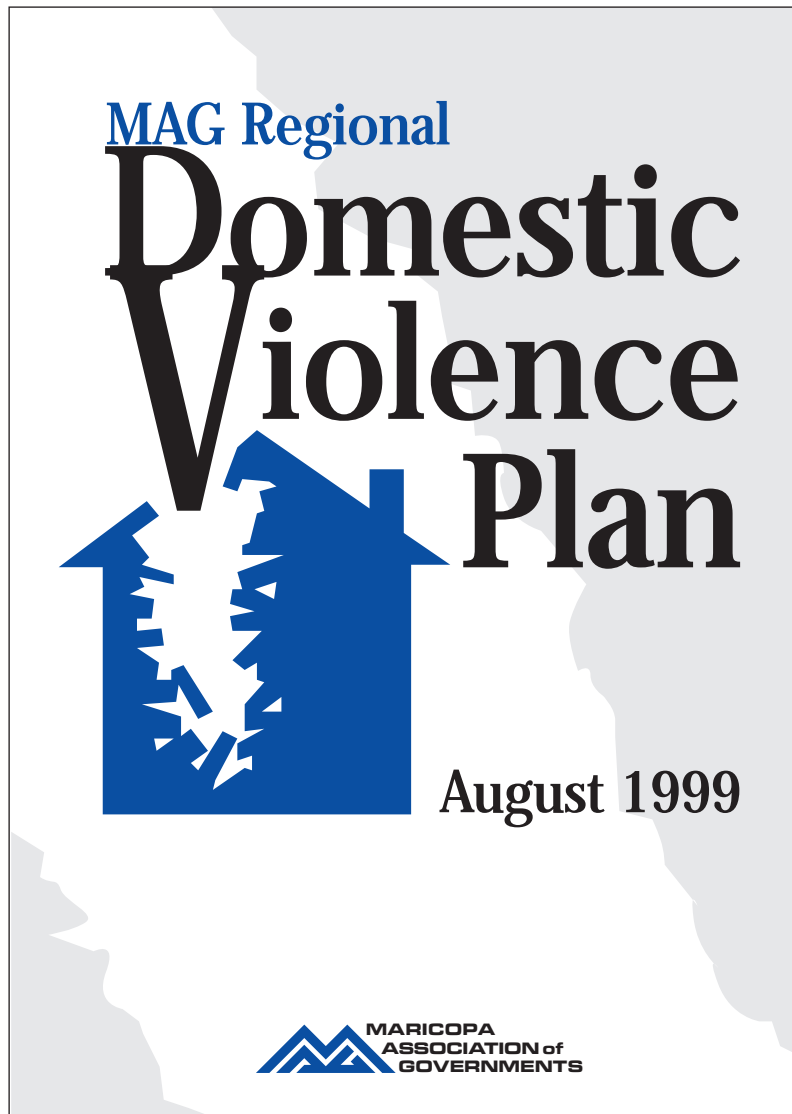


MAG Regional

Domestic Violence Plan



August 1999



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July 30, 1999

The Honorable Neil G. Giuliano
Chairman, MAG Regional Council
Mayor of Tempe
Box 5002
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Dear Mayor Giuliano:

The MAG Domestic Violence Subcommittee is pleased to submit the **Regional Plan on Domestic Violence** which was approved by the Regional Council on May 26, 1999. This plan provides a comprehensive framework for a coordinated community response to domestic violence in Maricopa County.

By creating this Subcommittee, the Regional Council recognized the pervasive nature of family violence and the need for a coordinated valley wide effort to address it. Furthermore, it evidenced a commitment to ensure the safety of victims, hold batterers accountable for their crimes, and to prevent future violence.

The Plan contains 41 recommendations which cover four major areas: prevention and early intervention; crisis intervention and transitional response; systems coordination and evaluation; and long-term response. Overall, the Subcommittee found that while there are many systems and protocols in place across the Valley, there needs to be *system integration*, uniform enforcement of protocols, and more consistent tracking and sharing of domestic violence information. It is the lack of coordination among systems, uneven implementation of protocols, and inconsistent data keeping of offenses and convictions that contributes to a situation where victims are "re victimized" and in some cases killed.

Many of the recommendations address the greatest obstacles to ending domestic violence: understanding its dynamics and breaking the silence often associated with it. As such, training and community education are critical pieces of the Plan. Greater emphasis on batterers was also identified as a priority through more effective treatment and intervention, as well as increased funding for supervised probation. Finally, the recommendations accent new types of collaboration and communication among service providers, local jurisdictions, educators, employers, health care professionals, criminal justice system officials, child welfare workers, and members of faith-based institutions.

This Plan will only be effective if it is implemented. Lives depend on it. I would like to commend the members of the Subcommittee and the 150 Work Group participants for their hard work and dedication. On their behalf, thank you for the opportunity to serve the citizens of Maricopa County.

Sincerely,

Cody Williams, Chairman
MAG Domestic Violence Subcommittee
City of Phoenix Councilmember

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CONTENTS

EXECUTIVE SUMMARY

INTRODUCTION	1
THE PLANNING PROCESS	2
ABOUT DOMESTIC VIOLENCE	5
LEGAL FOUNDATIONS AND LEGISLATIVE EFFORTS	10
MAG DOMESTIC VIOLENCE SAFETY PLAN	13
BEST PRACTICE RECOMMENDATIONS AND THE “FIVE Rs”	15
RECOMMENDATIONS AT A GLANCE	16

Prevention and Early Intervention

(1) Health Care Provider Training	21
(2) Universal Screening	23
(3) Education of Health and Social Service Providers	25
(4) Cross Training on Mental Health/Substance Abuse	27
(5) Integration of Prevention and Early Intervention into Mental Health/Substance Abuse Programs	29
(6) Workplace Protocols	31
(7) Business Action Plans to Address Workplace Violence	33
(8) Religious Community Involvement	35
(9) Teaching Children and Youth	37
(10) Training for Teachers and School Support Staff	39
(11) Parent/Family Education	41
(12) Targeting Adults and Children Involved in Criminal Justice	43
(13) Zero Tolerance Community Education Campaign	45

Crisis Intervention and Transitional Response

(14)	Training for Criminal Justice System Personnel	49
(15)	Priority Service for Orders of Protection	51
(16)	Non-Compliant Offenders Held Accountable	53
(17)	Family Violence Centers	55
(18)	Maricopa County Attorney's Domestic Violence Protocol	57
(19)	Establish and Implement Hospital Protocols	59
(20)	Establish and Implement Pre-Hospital Protocols	61
(21)	Private Physician and Clinic Protocols	63
(22)	Comprehensive Victim Services	65
(23)	Interventions for Children and Improved Linkages with Child Protective Services	67
(24)	Crisis Response Teams	71
(25)	Victim Advocate Availability	73
(26)	Standards for Transitional Housing Programs	75
(27)	Batterer Intervention Based Upon Valid Treatment Framework And Expanded Services	77

Systems Coordination and Evaluation

(28)	City-Based Regional Action Teams	83
(29)	Regional Coordinating Council	85
(30)	Domestic Violence web site	87
(31)	Collaborative Training Network	89
(32)	Data Collection on Victim Services	91
(33)	Expanding the CONTACS System	92
(34)	Coordinated Data Collection and Information Sharing on Offenders	93

Long-Term Response

(35)	Child Care for Domestic Violence Victims	97
(36)	Long-Term Case Management	99
(37)	Supervised Visitation Centers	101
(38)	Affordable Housing	103
(39)	Engaging Informal Helping Networks	105
(40)	Education on the Role of Informal Helping Networks	106
(41)	Employment Supports	107

APPENDICES

APPENDIX A: Responsible Agencies and Individuals

APPENDIX B: Examples of National Model Programs:

- The YWCA Supervised Visitation Center of Western Massachusetts
- Dade County Specialized Domestic Violence Division
- Advocacy for Women and Kids in Emergencies (AWAKE)
- Jacksonville Community Partnership for the Protection of Children
- Massachusetts Department of Social Services Domestic Violence Unit

APPENDIX C: Resources in Mental Health/Substance Abuse:

- The Elizabeth Stone House
- Working Assumptions for Treatment of Substance Abuse and Domestic Violence Cases
- Similarities/Overlaps in Intervention Strategies for Substance Abuse and Domestic Violence Cases
- Intervention Strategies With Survivors of Violence and Recovering Substance Abusers
- Potential Conflicts/Confusion in Working with Substance Abuse and Domestic Violence Populations

APPENDIX D: Overview on Statewide Registries and Key Standards, National Bulletin on Domestic Violence Prevention

APPENDIX E: Key Features of Court-Based Child Care Programs

APPENDIX F: Coordinated Community Action Model, Domestic Violence Institute of Michigan

Community Accountability Wheel, Texas Council
Family Violence

Power and Control Wheel and Equality Wheel
Domestic Abuse Intervention Project, Duluth, Minnesota

EXECUTIVE SUMMARY



The Maricopa Association of Governments (MAG) Regional Plan on Domestic Violence contains the recommendations of the MAG Domestic Violence Subcommittee to respond to domestic violence in the Maricopa County region. The Plan was created upon the premise that domestic violence is regional in nature, requiring people from every jurisdiction and sector of our community to become an active player in finding and implementing solutions to this pervasive and destructive problem.

Engaging a range of community stakeholders across multiple disciplines and areas, namely law enforcement, the judiciary, health care, education, social service, business, faith-based institutions, and volunteer organizations – is the very essence of a coordinated community response.¹ From national domestic violence experts, we have learned that a coordinated community response takes a “systems approach,” putting the onus of preventing battering where it belongs – on the system, rather than expecting victims to be the ones to end the violence directed against them.²

The “domestic violence response system” has traditionally consisted of direct services to victims and criminal justice interventions. Alone, the social service and criminal justice systems reach only a small portion of victims and perpetrators; whereas a coordinated community response system mobilizes all aspects of a community, providing the leverage necessary to truly keep victims safe, hold batterers accountable, and prevent future abuse. Many communities around the nation have embarked on developing a coordinated community response effort. The development of the MAG Plan was modeled after many of these efforts including those in Quincy, Massachusetts, Dade County, Florida, and most especially the Arizona-based initiatives in Tucson/Pima County and Yavapai County.

Quote

“We’ve got to realize that [domestic violence] is not just a public health problem, not just a criminal justice problem, not just an educator’s problem. It is everybody’s problem and we’re all in this together. It’s not going to be solved by politicians. It is going to be solved by citizens, by educators, by doctors, by lawyers, by people coming together to try to make sense of the problem in a realistic way. . . we need to develop in each community a plan. A plan that makes sense.”

The Honorable Janet Reno, US Attorney General

The goal of the Plan is to offer a collective vision for the development of a comprehensive and systemic approach to:

- reduce the incidence and prevalence of domestic violence,
- increase the safety of victims and their children,
- administer effective consequences and treatment to batterers, and
- prevent abuse through education, training, outreach and early identification and intervention.

The MAG Regional Plan on Domestic Violence includes information about the nature and prevalence of domestic violence, legislative recommendations, a domestic violence safety plan resource, and finally a broad multi system range of recommendations which will act as a blueprint to stop domestic violence in our region.

Quote

“When was the last time we sought to develop a collective agenda? A plan of action, an attack, if you will, on the causes and problems that create domestic and other kinds of violence? In our specialties we have neglected to see the whole... Instead of seeking to relate more and more to people in our own disciplines, which are far more comfortable and easier to manage...we must seek means and ways of relating to people in other disciplines who share the same vision...We must put forth a conscious, concerted effort to build new bridges.”

The Reverend Dr. Bernice A. King

There are 41 “Best Practice Recommendations” in total, divided into four components of an effective domestic violence response system: (1) Prevention and Early Intervention; (2) Crisis Intervention and Transitional Response; (3) Systems Coordination and Evaluation; and (4) the Long-term Response (See circle diagram on page 3). Each component is equally important and critical to the overall effectiveness of the system. The four components also contain a collection of sub-components or subsystem such as schools, health care, religious groups, victim and offender services, informal helping networks, and data collection, which include their own policies, attitudes and resources necessary to promote the prevention and overall response to domestic violence. As in any system, when one piece is neglected or working ineffectively, the whole system suffers. The Plan calls for community members within certain fields of expertise to mobilize themselves to address domestic violence within their area, yet in concert and, when necessary, in collaboration with other systems.

Recommendations 1 through 13 address the Prevention and Early Intervention component, covering the areas of health care, behavioral health, the workplace, religious groups, schools, social supports such as family and friends, and community education and outreach. The recommendations focus specifically on *education and training* directed to health and social service professionals, mental health/substance abuse providers, teachers and other school personnel, clergy and lay-leaders,

employers/employees, adults and youth incarcerated, children/young adults, as well as the general public through a *community education campaign*. In addition, a number of *policy and practice changes* within hospitals (universal screening), workplaces (domestic violence protocols) and educational systems (certification requirements) are also recommended in this part of the response system.

Recommendations 14 through 27 address the Crisis Intervention and Transitional Response component, covering the areas of criminal justice, medical care, and victim and offender services. The recommendations call for training all criminal justice personnel, giving priority service to victims requesting Orders of Protection, and holding offenders accountable through quicker handling of cases, thorough collection of data on offenders, and increased supervised probation. Models such as the Family Violence Center and the Maricopa County Domestic Violence Protocol are also highlighted as best practices that need to be implemented in more communities.

Hospitals, emergency responders, and private physicians/dentists play a large role in the medical response through protocols which establish training and standards for treating with victims of domestic violence. The recommendations related to victims stress the need for a continuum of services, standards for transitional housing programs, and the development of programs to address the complex issues of mental illness and substance abuse, as well as children who witness or fall victim to domestic violence. Improved linkages with Child Protective Services are also critically necessary to improve the crisis response. Recommendations related to greater victim advocate availability and utilization of crisis response teams at the scene of domestic violence incidents also provide better safeguards to victims and their children. Finally, the Crisis recommendations call for expanded offender services, and “treatment matching” through the use of valid assessment and evaluation.

Recommendations 28 through 34 address the System Coordination and Evaluation component, covering the areas of coordinated community response and systems evaluation, and data collection on victim services and offenders. Inter-agency collaboration, cross-discipline training, information-sharing, and measuring the effectiveness of the response system are the key features of these recommendations. The “best practices” identified to achieve these aims are: the development of city-based or regional Domestic Violence Action Teams and a Regional Domestic Violence Coordinating Council, a domestic violence web site, and a Collaborative Training Network. Data collection and information sharing related to victims and offenders was identified as one of the weakest aspects of our domestic violence response system. This problem is experienced both locally and statewide serving to significantly inhibit the criminal justice, social service, and health care’s response to the problem. Three of the recommendations contained in this component recommend improvements in how domestic violence data is collected and shared.

Recommendations 35 through 41 address the Long-Term Response component, covering the areas of child care, victim services, affordable housing, informal helping networks, and employment assistance. These recommendations affirm that the long-term implications of domestic violence on victims and their children are great, requiring supports that extend past the crisis stage and include much more than a 30-day emergency shelter stay. As such, these recommendations seek to promote independence and self-sufficiency of victims through increased child care and affordable housing options, long-term case management with intensive employment support, supervised visitation services, and the mobilization of informal helping networks.

The MAG Domestic Violence Subcommittee acknowledges that the 41 recommendations represent a beginning of a comprehensive and systemic approach to domestic violence in our region. As these recommendations are put in place, other system improvements will be identified and need to be addressed. The next and most important step in our regional process is to begin the work of implementation. A Regional Coordinating Council will be formed to accomplish that task. Councils have been developed in almost every region that sought to implement a coordinated community response and has attacked domestic violence from a multi systems approach. They have been viewed by these communities as *"the most practical and functional method to bring all the disciplines together to form a coordinated multi disciplinary response to domestic violence."*³

There are hundreds of people who wish to be involved in this implementation step. Appendix A lists the stakeholders in this effort, according to each recommendation, in effect the "implementers" of the Plan. Just as it takes a village to raise a child, people in Maricopa County recognize that it takes the entire community to come together to stop the violence against victims and their children.

This is our community's plan, hopefully it is, as US Attorney General Janet Reno advised, *"A plan that makes sense."*

INTRODUCTION



PURPOSE:

To develop a comprehensive regional blueprint to stop domestic violence.

In 1998, thirty women, eight men, and one unborn child in Maricopa County were murdered in domestic violence incidents – leaving 66 children without mothers and seven without fathers. One victim, a mother of six who attempted to escape the violence in her home, found that all of the Valley's eight domestic violence shelters were full. With no place to flee, she was forced to remain in her home, where she was stabbed to death by her husband in front of the children.

The woman's death acted as a catalyst for a community-wide response to domestic violence and a desire to prevent any more such tragedies in Maricopa County. As a result of this valley wide concern, the Regional Council of the Maricopa Association of Governments (MAG) requested a comprehensive evaluation of the systems in place to prevent and address domestic violence and an identification of recommendations to create a regional, effective means of responding to this concern. The result is the MAG Regional Plan on Domestic Violence, approved by the Regional Council on May 26, 1999.

Quote

"Statistically speaking, as a survivor of domestic violence, I shouldn't be sitting here today based on my experience with the system's failure to protect and intervene on my behalf. If I'd had those police reports that were never written, or the (Child Protective Services) involvement at the time of my custody trial, my children might have been spared the continued emotional and physical trauma they endured. Every single person in the community is in a key position to make a difference in a coordinated community response."

Survivor of Domestic Violence

THE PLANNING PROCESS

The Regional Plan on Domestic Violence (called the Plan in future references) was developed by a special subcommittee of the human services committees. The MAG Human Services Coordinating and Technical Committees selected four elected officials and thirteen technical representatives to serve as the steering committee. Phoenix Councilmember Cody Williams served as the Subcommittee Chairman.

The goal of the planning process was to develop recommendations whose primary purpose was:

- *to protect victims and*
- *to hold batterers accountable.*

The planning process was divided into three segments:

- identification of legislative efforts;
- development and distribution of a safety plan for victims of domestic violence; and
- formation of system-wide comprehensive recommendations to act as a regional blueprint to stop domestic violence.

Need for a Coordinated Community Approach

In April of 1998, domestic violence shelter providers and advocates presented information to the MAG human services committees. They described the inadequate capacity of the shelter system, the tremendous number of calls to police departments, and the lack of accurate data on incidences, disposition of cases, and prior convictions. They asked MAG to explore how the many different systems affected by domestic violence could come together around a table to discuss how to prevent domestic violence and how to deal with victim services and offender services in a coordinated and comprehensive manner across the Valley.

The need for a coordinated community approach to address domestic violence has been demonstrated around the nation, with some exemplary efforts in Dade County, Florida, Duluth, Minnesota, the State of Kentucky, San Diego, California, and Quincy, Massachusetts. In Arizona, Tucson/Pima County and Yavapai County have already undertaken a regional domestic violence planning process and have developed recommendations for their areas.

The MAG Domestic Violence Subcommittee determined that a comprehensive regional approach would be appropriate for Maricopa County, and that local and national models would be examined for their relevance to our area. The MAG committees were strong in their belief that using the two Arizona models would provide consistency in developing an overall state coordinated response to domestic violence.

Incorporation of Existing Efforts

There are a number of city-specific domestic violence initiatives in the Valley. It was the MAG Subcommittee's desire to incorporate the best practices of those groups and to examine national models as well. For example:

- The City of Phoenix created a special *ad hoc* Domestic Violence Subcommittee, chaired by Councilmember Peggy Bilsten. The work of this Subcommittee highlighted the numerous activities underway within the City of Phoenix through its Domestic Violence Task Force. During this Subcommittee's deliberations, they recognized that domestic violence is not confined to the one municipality and that efforts must include the entire region.
- The Maricopa County Attorney's Office has developed a number of law-enforcement related protocols.
- The cities of Tempe and Scottsdale have multi departmental teams addressing domestic violence.
- Hospitals such as John C. Lincoln, Good Samaritan and Maricopa Medical Center are developing protocols, pocket cards for doctors, safety shoe cards for victims, safety plans in bathrooms and training for personnel.
- The Arizona Public Health Association is developing recommendations related to child abuse and domestic violence, and
- A Rural Western Maricopa County effort is researching the adjudication time frame process, tracking offender compliance with treatment program requirements, providing the Police Departments with tape recorders, cameras, film and domestic violence checklist forms, and has a future goal of providing courtrooms with video teleconferencing equipment.

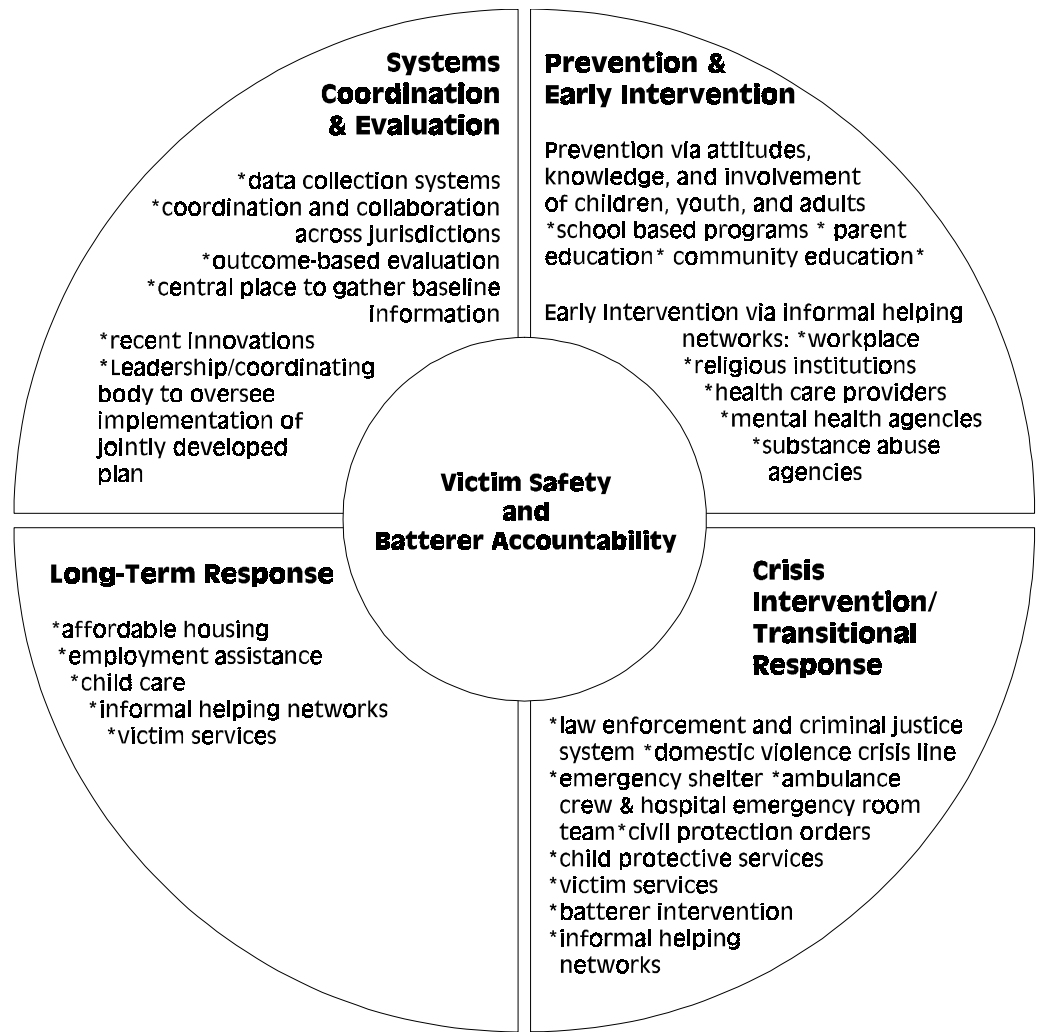


Issue Identification and Formation of Working Groups

The MAG Domestic Violence Subcommittee invited a number of community organizations and individuals to be a part of the plan development. The intent was to be multi disciplinary and inclusive of all those who wished to participate. As a result, 250 people responded that they would like to be involved, and 150 actively participated in four working groups. Members were drawn from education, health care, police, fire departments, prosecution, the judiciary, social services agencies, advocates, state agencies, local governments, shelters and offender service agencies. The approach to assess gaps and develop recommendations resulted in the establishment of four issue-oriented groups:

- Prevention & Early Intervention
- Crisis/Transitional Response
- Systems Coordination & Evaluation, and
- Long-Term Response.

Each of the groups was chaired by a member of the MAG Domestic Violence Subcommittee. The committee members based their approach on the similar models used by Tucson/Pima County and Yavapai County, anticipating that adding similar recommendations from Maricopa County would result in some consistency for 80% of the state.



The four working groups began their task by examining local and national recommendations and incorporated them into their deliberations. Each group's intent was to develop the "Best Practice" or model program which could serve as a template to address domestic violence in a coordinated and effective manner. They displayed their approach in the form of a wheel, showing a quadrant for each of the issue areas.

ABOUT DOMESTIC VIOLENCE

Domestic violence is rampant in our region – there are thousands of victims who struggle to deal with the physical, emotional and sexual violence of their daily lives. The effects of abuse impact our schools, neighborhoods, medical professions, religious communities, workplaces, police and fire emergency response teams, law enforcement, prosecution and court systems.

Definition of Domestic Violence

The MAG Domestic Violence Subcommittee wanted to utilize a definition of domestic violence that was consistent with the other two Arizona efforts to develop community approaches to domestic violence. The Yavapai County Violence Reduction/Prevention Commission defines family or relationship violence as: *Physically, sexually, and/or psychologically assaultive behaviors committed by a person in an intimate or familial relationship against another person in that relationship.*

Tucson/Pima County's *Taking Stock: How Tucson/Pima County Compares to a State-of-the-Art Domestic Violence System* adds that the definition includes: *a full range of power and control tactics, which is somewhat broader than the legal definition which more narrowly focuses on physical harm or threat of physical harm.* The Baltimore City Commission on Woman explains that . . . *the primary purpose [is] to control, dominate or hurt the partner in the relationship. Primarily women are victims of domestic violence and it does occur at all levels of society, in all socioeconomic classes and in all ethnic backgrounds regardless of social, economic or cultural backgrounds.*⁴

Power and control over another person are the root causes of domestic violence. This desire by one person to exert influence over another person's life exists to such a degree that any resistance to that control may explode into violence and even death to the victim. Batterers use coercion, threats, intimidation, emotional/physical/sexual abuse, economic abuse, blame victims, isolate them from others and use their children as a bargaining chip.⁵

Continuum of Violence

There is a continuum of domestic violence, which often crosses generations, passed from parent to child as the child learns that violence is the "normal" way people deal with each other. In a domestic violence relationship, there are three phases to the domestic violence dynamic: tension-building, acute battering, and the honeymoon phase.⁶ In the first phase, efforts at control may take the form of threats, requiring the victim to "check in" constantly to ensure that she is not seeing someone else in order to relieve the batterer's belief that she is being unfaithful, keeping or preventing her from getting a job or seeing friends, making her feel bad about herself and blaming her for everything that goes wrong. In the second phase, as the

tension builds in the first phase, a seemingly small incident can cause the batterer to become enraged, resulting in severe physical abuse to the victim. The third phase is the apology/honeymoon phase where the abuser is apologetic and promises to never hurt again. The victim loses self-respect and self-esteem and blames herself for the abuse; she remains with the abuser and the cycle goes on.

Children of domestic violence families often become victims themselves. Watching the violence in their parents' relationship affects children's school performance, sleep patterns and ability to resolve conflict.

Prevalence of Domestic Violence

National Data:

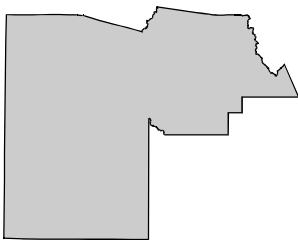
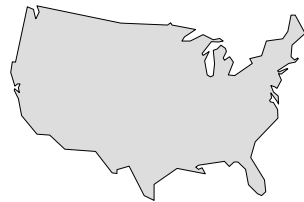
National studies provide estimates about the number of victims of domestic violence and paint a picture of the of the population who are victimized:

- approximately one million women are battered each year, according to the Bureau of Justice Statistics; while the American Psychological Association estimates that number at four million;⁷
- an estimated 33% of women in the United States are likely to be victims of domestic violence during adulthood,⁸ this equates to 315,125 women in Maricopa County — the population of the city of Mesa in the 1995 Special Census.
- domestic violence is statistically consistent across racial and ethnic boundaries; 90-95% of the victims are women; most are between ages 19-29; most batterers are between 24 and 40;
- in 1996 approximately 450,000 elderly persons, aged 60 and over, experienced domestic abuse;⁹
- 40-60% of men who batter wives also abuse their children, according to the American Psychological Association;
- 17% of those who visit emergency rooms for treatment are there because of domestic violence incidents;
- in homes where partner abuse occurs, children are 1,500 times more likely to be abuse victims themselves; and
- past and current domestic violence victims are over represented in the welfare system.¹⁰

Maricopa County Data:

A 1997 survey of police departments revealed that approximately 76,430 domestic violence calls were made to Maricopa County police and Sheriff's departments. Advocates report that only one-seventh of victims actually call the police, and that call is made after numerous previous batterings. In the previous year's study, fourteen Valley police departments responded to the 1996 survey from the Governor's Office of Domestic Violence Prevention. They reported:

- 80,986 calls related to domestic violence, which resulted in 11,736 arrests;
- 1,558 cases with orders of protection;
- Handguns were involved in 132 cases, rifles or shotguns in 16 cases, knives in 198 cases and force in 1,163 cases;
- 12,713 were submitted for prosecution; and
- 6,439 involved alcohol, 773 involved drugs and 9,334 involved children.





These reports are made voluntarily to the Governor's Office, and are the only statewide enumeration of domestic violence cases at this point. There are concerns with the validity of the data, and the fact that not all departments report. The lack of good, accurate, unduplicated statistics is a major obstacle to providing data to the legislature and other policy makers.

Of the 39 Arizona homicides in 1998, 23 involved gun shots, two were stabbings, two were battery, one victim was axed, one incinerated and one smothered. Sixty-eight children were involved, and three of the murder victims were children. The youngest victim was an unborn child and the oldest victim was 62. Fourteen of the murderers were boyfriends or ex-boyfriends, 11 were husbands and one was a wife. In sixteen of the cases, there was prior evidence of domestic violence or orders of protection in place. In fifteen of the cases, that information was not available.

Domestic Violence Shelter Capacity

There are eight domestic violence shelters in Maricopa County. These shelters are located throughout the county, with three in Phoenix, and the remainder in Goodyear, Glendale, Scottsdale, Mesa and Chandler. These crisis shelters responded to 10,821 family violence telephone calls and 1,829 crisis telephone calls. There are 197 beds in Maricopa County shelters, which housed 2,721 women and children in 1997-1998. The demand for shelter beds far outpaces the availability of beds, resulting in 17,118 women and children being turned away from shelter last year. Advocates report that only a small number of victims utilize shelters, with many fleeing to a friend's or relative's home.

Profile of a Domestic Violence Victim

Domestic violence occurs in all racial and ethnic groups, educational and religious backgrounds, in all socioeconomic income levels and to victims of all ages. According to the 1992 National Crime Victimization Survey, over one million women were victimized by intimates, compared to 143,000 men. In murders where the relationship between the victim and the offender was known, 26% of female murder victims were killed by intimates, while 3% of male murder victims were killed by wives or girlfriends. Both men and women are victims of domestic violence; however for the purpose of this report, the gender neutral term "victim" is used to substitute for male and female pronouns whenever possible. In cases where a gender specific reference is used, a feminine pronoun is used for the victim and masculine pronoun for the batterer.

The Quincy Court Domestic Violence project profiled both victims and abusers in a study to develop their coordinated community response.¹¹ Interviews with 100 women seeking restraining orders found that:

- most suffered abuse as children (81% physical abuse, 50% sexual abuse),
- most witnessed abuse between their parents (66%),
- most had been in an abusive relationship before (85%),
- most were severely abused by their current partner (82%),
- drinking problems were identified as problems for themselves, their partners and at least one of their parents.

Similar characteristics were found in the findings of a recent domestic violence study conducted in the Valley. The study, conducted in March 1999, contains the results from interviews with 600 women who are 18 years of age or older living in Maricopa County. The characteristics of the women who are presently in an abusive situation (16% of the sample) include:

- Forty seven percent (47%) fight daily or weekly with their spouse or significant other,
- Sixty two percent (62%) have children living at home who see the fighting and are not being provided counseling or support,
- When asked who they confide in when they feel unsafe, 80% say a family member or friend. Forty one percent (41%) prefer talking to a female,
- Nearly half (45%) of these women grew up with abuse in their homes,
- Fifty percent (50%) have experienced abuse in a past relationship,
- Nearly 60% earn less than \$20,000 a year,
- Almost 40% have no more than a high school diploma,
- Only 38% are very likely to leave the current relationship. Reasons they give for staying are:
 - Situation not serious enough to leave (71%)
 - Believe they can “fix” the relationship (55%)
 - Can’t take their children (45%)
 - Can’t support themselves (44%),
 - Don’t know where to go (36%), and
 - Have no money of their own (32%)
- Sixty two (62%) practice their religion either strictly or moderately and 42% attend religious services either weekly or almost every week. Yet, only 7% would confide in an ecclesiastical leader if they felt unsafe.¹²

Profile of a Batterer

Batterers also come from all educational levels, racial and ethnic groups, socioeconomic levels and ages. They may feel that women are their property and they are entitled to expect behavior which pleases them. The Tucson/Pima County report affirms that batterers public and private behaviors differ. In public, the person may exhibit ideal behaviors – the good worker/provider who would never be suspected of abusing a partner. In private, the desire to control and exert power overrides the public behavior, and results in injury to the victim.

Offenders were characterized following a survey of 644 offenders under restraining orders in the Quincy Court in 1990. The characteristics of domestic violence offenders include:

- A chronic criminal offender, averaging six previous offenses, most of which were crimes against persons,
- Addicted to alcohol or drugs – two-thirds had histories of substance abuse, and 54% had DUI arrests,
- Relatively young – average age for restraining order subjects was 32,
- Separated or unmarried with children,
- Unstable in the community with poor family ties, lack a steady residence and unemployed or marginally employed,
- From an abusive family,

- Presents different faces in public and private so that outsiders think he is a devoted husband and father,
- Minimizes or denies his actions,
- Blames others,
- Abuses his victim emotionally,
- Is obsessively jealous and possessive, and
- Manipulates the children.

Elders and Domestic Violence

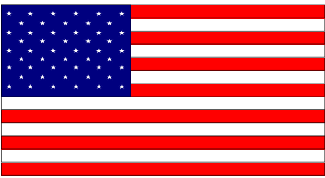
New light has been shed on the prevalence of domestic violence among the elderly population through the National Elder Abuse Incidence Study. Begun in 1992, this study is the first of its kind to generate national data on domestic elder abuse, confirming a commonly held theory that the official reports of elder abuse are only a partial measure of a much larger, unidentified problem. Among the 450,000 cases of elder abuse found in 1996, female elders were found to be abused at a higher rate than males, and our oldest elders (80 years and over) were abused at two to three times their proportion of the elderly population. Men were found to be the perpetrators of abuse and neglect 52.2 percent of the time, and in two-thirds of the cases the perpetrators were either adult children or spouses.¹³ The study also showed that elders who are unable to care for themselves were more likely to suffer from domestic abuse. Approximately one-half (47.9 percent) of the substantiated incidents of elder abuse involved elderly persons who were not able to care for themselves, 29.7 percent were somewhat able to do so, and 22.9 percent were able to care for themselves.

Locally in Maricopa County, the Department of Economic Security, Adult Protective Services received a total of 4,489 reports of abuse, neglect and maltreatment of elders in 1997-1998. Of the total field investigations (3,587), 1,864 of these reports were substantiated; 18% of the perpetrators were identified as a family member; and 63.7% of the victims were women.¹⁴

Only recently have police departments and shelters begun to track incidences of domestic violence among the elder population in Maricopa County. The Area Agency on Aging, Region One estimates that if one in three women are victims of domestic violence nationwide and there were 229,234 females over age 60 in the 1995 census, potentially 76,000 older women in Maricopa County suffer from domestic violence. Providers indicate that it is uncommon for elder victims to report the abuse, as well as to seek shelter services. Only 1.1% of elder victims (aged 60+) in 1997 chose to enter one of the thirty-one residential shelters in Arizona who participate in the Statewide Uniform Family Violence Program.¹⁵

LEGAL FOUNDATIONS AND LEGISLATIVE EFFORTS

The first activity of the MAG Domestic Violence Subcommittee was to determine whether any legislative changes were needed to address domestic violence. Laws provide the foundation for safeguards to victims and consequences for batterers. Laws related to domestic violence are fairly recent. Until the latter part of the 19th century, violence against women and children was considered a family privacy issue; the “discipline” of wife and child was the right of the husband and father.



Federal Legislation

The federal government passed a landmark piece of legislation, the Violence Against Women Act, as a part of the Violence Crime Control and Law Enforcement Act of 1994. This bill was the first related to domestic violence, and included a number of provisions which not only pertained to batterer accountability, but also to more protections for victims. The main provisions of the law were:

- Full faith and credit for orders of protection – an order of protection issued by one state or tribe is enforceable in another state or reservation,
- Domestic abusers are prohibited from possessing a gun,
- Victims of a felony crime of violence motivated at least in part by gender may bring a civil suit for damages or equitable relief in a federal or state court,¹⁶
- Established a national domestic violence hotline, which is a 24-hour, toll-free hotline to provide resources and information to victims, and
- Established STOP Violence Against Women Grants and Community Policing to Combat Domestic Violence Grants which are awarded to: programs which develop and enhance victim services; train law enforcement officers and develop more effective policies and procedures; and develop and improve communications and data collection to identify and track arrests, protection and prosecution. Arizona’s STOP grant for 1999 is \$2.3 million.

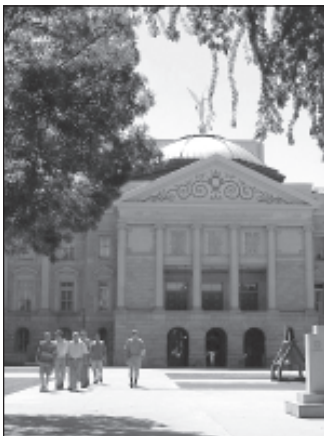


State Legislation

The Arizona State Legislature has been very responsive to the issue of domestic violence, resulting in strong public policy related to penalties for abusers. Advocates state that Arizona has some of the most stringent legislation in the country. During the 1997 and 1998 legislative sessions, there was a coordinated effort driven by the Governor’s Office for Domestic Violence Prevention, several legislators, the courts and advocates, to provide more protections for victims and stiffer penalties for batterers. Current legislation provides the following:

- Arizona law conforms with the federal “full faith and credit” requirements so that any order or protection issued by a court of another state, tribe or territory will be enforced in Arizona;
- Orders of protection and injunctions against harassment are now valid for 12 months, instead of six months;
- Supervised probation is recommended for a second misdemeanor offense committed within 60 months and potential incarceration as a condition of probation;
- A new crime is established of “aggravated domestic violence” for an offender who commits a third or subsequent domestic violence offense within 60 months, requiring a minimum of four months in jail, and a mandatory eight months minimum for a fourth and subsequent offense and makes this crime a class five felony, requires that a defendant complete an offender treatment program which is approved by the Department of Health Services;
- Felony and misdemeanor domestic violence offenders be fingerprinted; and
- A small amount of funding to provide supervised probation for misdemeanor violence offenses.

These legislative elements are a key underpinning of a coordinated community response to domestic violence. Batterer accountability is a critical element of preventing and reducing domestic violence. If the batterer suffers no enforced consequences, then there is small likelihood that he will change behaviors.



MAG Legislative Recommendations

The recommendations in the MAG Regional Domestic Violence Plan are built on the federal and state legislative foundations described above. The MAG Subcommittee identified a number of legislative recommendations to propose to the cities across the state. The lobbying agenda for local governments in Arizona is set by cities and towns in their annual League of Arizona Cities and Towns’ Resolutions Committee process. This effort occurs in late summer and consensus is reached at the annual League Conference.

During this first phase of the MAG planning process, seventeen suggestions were developed regarding potential legislative initiatives to propose to the League of Arizona Cities and Towns Resolutions Committee. The list was distilled to three items appropriate for legislative attention.

1. Request that the Department of Economic Security domestic violence prevention funds be increased in order to support prevention, emergency and transitional beds and support services. Additional general fund monies are needed, not a diversion of existing funds in other services.
2. Increase the appropriation for supervised probation which would occur at diversion and first offense.
3. Amend SB1175 to provide for judicial discretion if batterer has completed two sessions of counseling; more intensive treatment may be warranted. Consider amending SB1175 to withdraw the option of fining batterer in lieu of counseling.

Two additional priorities were identified and action on these items was determined to be non legislative or deferred until further information was available:

1. Recommend mandatory penalties at second offense, with supervised probation if warranted at diversion and mandatory at first conviction to monitor compliance and collection of fees.
2. Bonding is not provided after second offense; perpetrator stays in jail until trial with credit for time served.

As a result of the diversity of issues encompassed in the priorities, the MAG Domestic Violence Subcommittee determined that a more generic domestic violence resolution would be the most effective way to approach the League of Arizona Cities and Towns' resolutions process, and would allow for support for additional items related to domestic violence should other legislative priorities be developed prior to the session. The generic resolution, supported by the MAG Regional Council and submitted to the League stated:

Urges the state to support legislation to continue to support domestic violence prevention programs, victim services and enhanced punishment for domestic violence offenders.

The resolution, sponsored by the cities of Tucson, Phoenix, Guadalupe, Litchfield Park, Tempe and Goodyear, was adopted by the League of Arizona Cities and Towns at their October 1998 conference and became a part of the lobbying efforts of the League.

During the 1999 legislative session, two bills were passed relating to domestic violence. SB1416 created a new crime of "violent sexual assault," requiring a life sentence for a person with a prior felony for a sexual offense who uses a deadly weapon or dangerous instrument, or causes serious physical injury while committing crimes of sexual abuse, sexual assault of a spouse, or sexual conduct with or molestation of a minor. HB2670 added \$800,000 for each of the next two fiscal years to the DES line item for programs to benefit domestic victims and their children.

DOMESTIC VIOLENCE SAFETY PLAN

The second priority strategy for the MAG Domestic Violence Subcommittee was the creation and distribution of a victim safety plan which provides helpful hints to victims planning to leave their homes or safety tips if they must remain in the abusive situation.

The brochure describes strategies to initiate emergency procedures, lists essential documents and items to take when leaving, and includes essential telephone numbers for law enforcement, advocacy and victim services. Ensuring that certain documents are available can make the transition to independence much smoother.

The brochure includes a small cut out section which can be hidden in pockets or shoes, and includes a quick list of documents and telephone numbers. Safety at work and at home are covered, along with names of domestic violence shelters, a legal advocacy hotline and a resource number for elderly women who are victims of domestic violence.

**Domestic Violence
Safety Plan**

**Do
You
Feel
Safe
at home?**


You can.

For Local Shelter Call:
263-8900 or 1-800-799-7739
National Hotline: 1-800-799-SAFE (7233)


MARICOPA
ASSOCIATION of
GOVERNMENTS

**Safety at Home
When Abuser is There**

- Stay out of rooms with no exit
- Avoid rooms that may have weapons
- Select a code word that alerts friends and children to call police
- Leave suitcase and checklist items with a friend

When Abuser has Moved Out

- Obtain an Order of Protection
- Change locks on doors and windows
- Insert a peephole in the door
- Change telephone number, screen calls and block caller ID
- Install/increase outside lighting
- Consider getting a dog
- Inform landlord or neighbor of situation and ask that police be called if abuser is seen around the house

**Safety at Work
What to Do**

- Tell your employer
- Give security a photo of abuser and Order of Protection
- Screen your calls
- Have an escort to your car or bus
- Vary your route home
- Consider a cell phone for your car
- Carry a noisemaker or personal alarm

**Protecting
Your Children**

- Plan and rehearse an escape route with your children
- If it is safe, teach them a code word to call 911, and how to use a public telephone
- Let school personnel know to whom children can be released
- Give school personnel a photo of abuser
- Warn school personnel not to divulge your address and phone number

**Getting an
Order of Protection**

- Call 506-SELF (7353) to learn about an Order of Protection and Injunction Against Harassment.
- Call the Police to get an immediate Order of Protection.
- Keep your order with you at ALL times, and give copies to family, friends, schools, employers and babysitters.

KEEP THIS CARD WITH YOU
Quick List

- ☐ Identification: Driver's license, birth certificates
- ☐ Money: ATM card, credit cards, checkbooks
- ☐ Legal Papers: Protective order, medical records
- ☐ Important Personal Items: Keys, medicine

Getting Out Now

What You Need:

- ☒ **Identification**
 - ☐ Driver's License
 - ☐ Children's Birth Certificates
 - ☐ Your Birth Certificate
 - ☐ Social Security Card
 - ☐ Welfare Identification
 - ☐ Medical Insurance Cards
- ☒ **Money**
 - ☐ Money and/or Credit Cards
 - ☐ ATM Card
 - ☐ Savings Books
 - ☐ Checkbook
- ☒ **Legal Documents**
 - ☐ Lease, Rental Agreement, or Deed to House/Properties
 - ☐ Car Registration & Insurance Papers
 - ☐ Health and Life Insurance Papers
 - ☐ Medical Records for You and Your Children
 - ☐ School and Shot Records
 - ☐ Work Permits/Green Card or Visa
 - ☐ Passport
 - ☐ Divorce Papers
 - ☐ Custody Papers

When Preparing to Leave

Domestic Violence
Safety Plan

Approximately 200,000 copies of the safety plan were printed with the help of American Express, the Valley of the Sun United Way and the Arizona Department of Economic Security. Excellent press, radio and television coverage about the brochure resulted in the distribution of almost all copies within several weeks. English and Spanish versions of the safety plan were distributed in 900 City of Phoenix public restrooms, in schools, hospitals, in food boxes, WIC and food stamp offices, courts, city halls, police departments, churches and other venues. The City of Scottsdale plans to mail the brochure to all its residents. Development of the safety plan was accomplished in a short amount of time and clearly demonstrated the desire on the part of many people to come together to make a positive contribution to keeping victims and their children safe.


Plan de Seguridad ante la Violencia Doméstica

¿Se siente segura(o) en su hogar?

Usted puede.

Para un Albergue Local llame al:
1-800-799-7739

Teléfono Nacional: 1-800-799-SAFE (7233)

 MARICOPA ASSOCIATION of GOVERNMENTS

Seguridad en el Hogar

Cuando el Perpetrador del Abuso esté en el Hogar

- Manténgase fuera de recámaras sin salida
- Evite las recámaras donde podría haber armas
- Escoja una palabra clave para alertar a los amigos y los niños a llamar a la policía
- Deje una maleta y una lista de artículos necesarios en casa de una amiga(o)

Cuando el/la Perpetrador/a del Abuso se haya ido del Hogar

- Obtenga una Orden de Protección
- Cambie las cerraduras en las puertas y ventanas
- Instale una mirilla en la puerta
- Cambie de número de teléfono, verifique quién llama antes de contestar, instale "caller ID"
- Instale/aumente el alumbrado de afuera
- Considere la adquisición de un perro
- Háblele al arrendador o a un vecino acerca de la situación y pídale que llamen a la policía si ven al/la perpetrador/a del abuso en el vecindario

Seguridad en el Trabajo

Qué Hacer

- Háblele a su empleador
- Dé una fotografía del/de la perpetrador/a del abuso y una copia de la Orden de Protección a los funcionarios de seguridad
- Verifique quién llama antes de contestar
- Pida que le escolten a su automóvil o al autobús
- Cambie de rutas para llegar a su casa
- Considere la adquisición de un teléfono celular para su automóvil
- Lleve consigo una alarma personal o algo que haga ruido para alertar

Cómo Proteger a sus Niños

- Planifique una ruta de escape con sus niños, y practique a usarla
- Si es seguro, enséñeles una palabra clave para llamar al 911, y cómo utilizar un teléfono público
- Dígame al personal de la escuela quiénes tienen permiso para llevarse a los niños
- Déle al personal de la escuela una fotografía del/de la perpetrador/a del abuso
- Alerta al personal de la escuela que no compartan su domicilio ni teléfono con nadie

Cómo Conseguir una Orden de Protección

1. Llame al 506-SELF (7353) para informarse acerca de la Orden de Protección y el Mandamiento Judicial contra Hostigamiento.
2. Llame a la policía para obtener una Orden de Protección Inmediata.
3. Lleve la Orden consigo EN TODO MOMENTO, y dé copias a parientes, amigos, escuelas, empleadores y personas que cuidan a los niños.

LLEVE ESTA TARJETA CONSIGO

Lista de ☒ Cotejo

- ☐ Identificación: Licencia de manejo, certificados de nacimiento
- ☐ Dinero: Tarjeta de ATM, tarjetas de crédito, libretas de cheques
- ☐ Documentos legales: Orden de protección, archivos médicos
- ☐ Artículos personales importantes: Llaves, medicamentos

Cuando se Vaya a Ir

Lo que Usted Necesita:

☒ **Identificación**

- ☐ Licencia de Manejo
- ☐ Certificados de Nacimiento de los Niños
- ☐ Su Propio Certificado de Nacimiento
- ☐ Tarjeta de Seguro Social
- ☐ Identificación para Asistencia Pública
- ☐ Tarjetas de seguro médico (HMO)

☒ **Dinero**

- ☐ Dinero y/o Tarjetas de Crédito
- ☐ Tarjeta ATM
- ☐ Libretas de Cuentas de Ahorro
- ☐ Libreta de Cheques

☒ **Documentos Legales**

- ☐ Contrato de Alquiler o Arrendamiento, o Título de Casa/Propiedad
- ☐ Registro y Documentos de Seguro del Automóvil
- ☐ Documentos de Seguros de Salud y de Vida
- ☐ Archivos Médicos de Usted y los Niños
- ☐ Archivos Escolares y de Inmunizaciones
- ☐ Permisos de Trabajo/Visas o Tarjetas de Inmigración
- ☐ Pasaportes
- ☐ Documentos de custodia

Preparándose para Irse

Copies of the Safety Plan were also printed in Spanish

BEST PRACTICE RECOMMENDATIONS AND THE “FIVE Rs”

The next priority of the MAG Domestic Violence Subcommittee was to examine the systems which impact victims and batterers and attempt to look at gaps in services, effective service delivery, prevention models and ways to weave systems together.

The next section of the Regional Domestic Violence Plan details the 41 “Best Practice Recommendations,” which emerged from the deliberative process. (See the table entitled, *Recommendations at Glance* for a one-page summary) These recommendations are organized into four separate areas, based on the key components of an effective domestic violence service system. Planning bodies around the country have agreed that an effective domestic violence system *integrates all segments of a community*. Such integration requires cooperation across jurisdictions and services. Based on this approach, the domestic violence “system” addressed in this MAG Plan has been divided into components related to what the people affected by domestic violence require at any given *stage*, rather than by service or agency type, i.e., shelters, law enforcement, or courts. The Plans developed by Tucson/Pima County and Yavapai County also follow this approach. Please note that recommendations include similar elements which will be grouped together in the implementation phase.



The four Work Groups developed the priority recommendations and the detailed information on rationale, implementation issues, resources, and responsible entities. The following questions referred to as the “Five Rs,” were utilized by each Work Group to guide the development of the recommendations:

Recommended Best Practice

What is the best practice recommendation? This practice may already be occurring in some or all areas. It may not be currently be the standard but needs to happen.

Rationale for Implementation

Why is this a best practice? What will this recommendation achieve?

Roadblocks to Implementation

What issues if any will need to be addressed if this recommendation is to go forward? These roadblocks could be legislative, policy/protocol, financial, education, or other.

Resources Available

What are the resources available to implement this best practice?

Responsibility (Entity or Organization)

Who are the responsible parties/jurisdictions or entities who are best suited to implement the recommendation?

RECOMMENDATIONS AT A GLANCE

Prevention/Early Intervention		Crisis Intervention/Transitional Response	
Health Care	<ol style="list-style-type: none"> 1. Standardize and implement annual training for all hospital personnel 2. Implement universal screening and provide necessary follow-up services/resources to those who disclose in: hospitals, other health-focused environments, substance abuse and mental health intakes 3. Integrate DV training into the core curriculum of medical, nursing, physician assistant, and nurse practitioner programs, as well as masters degree programs in social work, psychology, and counseling 	Criminal Justice	<ol style="list-style-type: none"> 14. Standardize training for criminal justice personnel including: judges, <i>pro tem</i> judges, court staff, prosecutors, and police/fire departments 15. Victims requesting Orders of Protection should be given priority service 16. Noncompliant offenders held accountable by the criminal justice system through: expeditious handling of cases, collection of relative data on the offender for judges, supervised probation 17. Consider adopting the Family Violence Center model for larger communities (smaller communities capture aspects of the model perhaps on regional level) 18. All local governments implement the Maricopa County Attorney's Domestic Violence Protocols
Mental Health/Substance Abuse	<ol style="list-style-type: none"> 4. Create a policy change within Board's of Certification to require cross training on DV and mental health/substance abuse using Arizona Coalition Against Domestic Violence (ACADV) models 5. Incorporate DV early prevention and early intervention into mental health/substance abuse treatment programs 	Medical	<ol style="list-style-type: none"> 19. Establish and implement hospital protocols as mandated by the Health Resources and Services Administration; involve victims in the decision by hospital personnel of whether to report to police unless mandated by statute 20. Establish and implement emergency service pre-hospital protocols (fire departments and emergency departments) 21. Establish and implement medical/dental clinic and doctor's office protocols
Workplace	<ol style="list-style-type: none"> 6. Develop and implement employer/employee DV workplace protocols and policy manuals 7. Businesses develop a comprehensive action plan to assist victims and address workplace violence 	Victim Services	<ol style="list-style-type: none"> 22. Provide an array of culturally diverse emergency and age-appropriate support services to victims of DV; create a program which addresses victims with substance abuse-mental illness problems 23. Provide services to children affected by DV; Improve linkages with Child Protective Services 24. Create a better link between social services and emergency service personnel at the scene through the utilization of Crisis Response Teams 25. Provide victim advocates at critical stages in the crisis response 26. Create standards for the provision of services to victims of domestic violence in transitional housing programs
Religious Groups	<ol style="list-style-type: none"> 8. Establish an ongoing faith-based group focused on DV; incorporate DV training into theological curriculum and pastoral programming 	Offender Services	<ol style="list-style-type: none"> 27. Establish and implement a treatment framework based on assessment and evaluation; expand services for offenders
School-Based Education	<ol style="list-style-type: none"> 9. Teach all children/teenagers/young adults about DV, conflict resolution, and anger management 10. Make DV training for teachers a requirement for certification and recertification; require all school support staff to be trained on DV 		
Parent & Family Education - Families & Friends	<ol style="list-style-type: none"> 11. Implement DV education outside school settings 12. Counseling and education for adults and children involved in criminal justice systems 		

System Coordination/Evaluation		Long-Term Response	
Coordinated Community Response & Evaluation of DV systems	28. Establish and implement city-based or regional interdisciplinary domestic violence action teams 29. Establish a Regional DV Coordinating Council 30. Develop a Web site which lists available social services and existing prevention programs, and links with other domestic violence initiatives and organizations 31. Develop and implement a Collaborative Training Network	Child Care	35. Increase access to safe and affordable child care for victims through the following means: on-site child care in shelters and court buildings, obtaining higher level child care subsidies, and sharing of information on existing child care resources
Data Collection for Victim Services	32. Expand the victim service database collected by Department of Economic Security to include other victim service providers besides shelters 33. Expand the CONTACS system to include a computerized resource notebook of transitional and affordable rental housing sources and eligibility criteria	Victim Services	36. Institute a comprehensive long-term case management system for victims 37. Implement supervised visitation centers to ensure safety of women and children in custody exchanges-potential locales: court buildings, churches, community-based organizations, family service centers
Data Collection & Sharing of Information on Offenders	34. Implement a coordinated data collection and retrieval system in order to hold offenders accountable	Affordable Housing	38. Increase the amount of permanent affordable housing
		Informal Helping Networks	39. Mobilize neighborhood and tenant homeowner associations to become involved in the area of DV 40. Create a companion brochure to the MAG DV safety plan focused on the role of informal helping networks
		Employment Assistance	41. Integrate employment support (job readiness, placement, retention, and peer support) into a long-term case management approach to assist victims in achieving economic independence

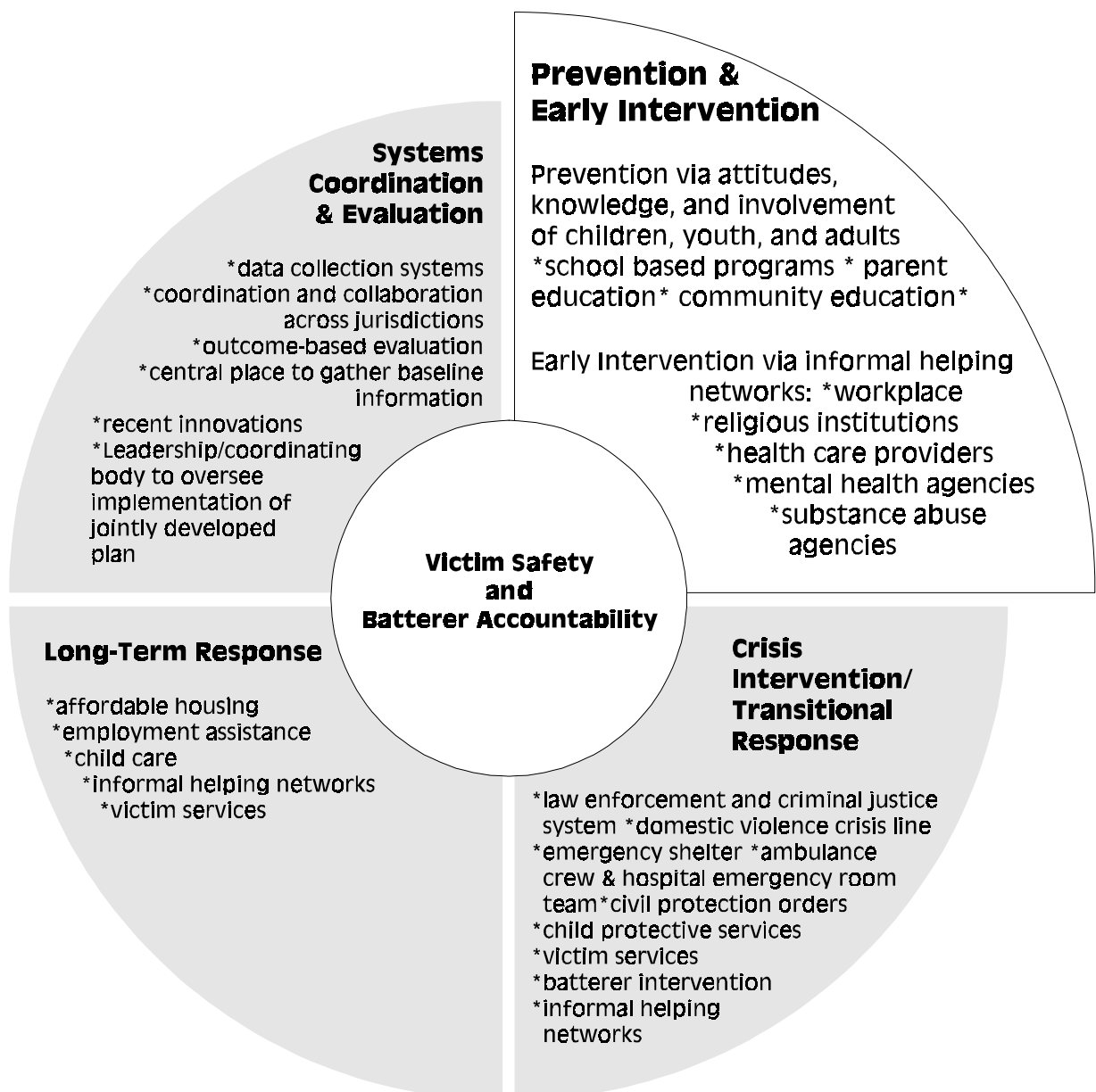
Through the Eyes of a Child



Abuse is NOT O.K.

Drawings in Through the Eyes of a Child are Courtesy of Minnesota Center Against Violence & Abuse

Prevention and Early Intervention



1

HEALTH CARE PROVIDER TRAINING

The role of the health professional is critical to decrease both the incidence and destructiveness of domestic violence. Health care providers should be a safe, primary focal point for the identification and care of victims, and referral to appropriate community resources.

Recommendation **Standardize and implement annual training/education for all hospital personnel**

Key elements:

- Mandatory yearly training for all hospital personnel
- Provide domestic violence resource material in all hospital bathrooms
- Training for private practice physicians
- Model the efforts taken at John C. Lincoln, Good Samaritan and Maricopa County Hospitals

Rationale Many domestic violence victims and their children have frequent contact with health care providers, including visits to the emergency room and to physician offices to deal with injuries inflicted by the abuser. Whether through routine health care visits or emergency situations, health care providers have an important opportunity to identify and support victims and their children. This opportunity is often lost due to lack of training and knowledge about domestic violence, personal biases, and a concern over becoming the only resource to the victim.

Since health care providers will interact with victims and perpetrators on a daily basis, it is imperative for them to consider intervention as their responsibility; to be able to identify warning signs of domestic violence; provide interventions that are safe and effective; and refer victims to appropriate services.

Gaining access to private practitioners and their buy-in that domestic violence is a serious public health issue on which their staff needs to be trained.

Roadblocks The reluctance of many health care professionals to become involved in domestic violence cases due to fear of retaliation by the abuser, time constraints, concern of becoming overly involved, and sense of powerlessness to facilitate change.

Resources Utilize efforts taken at John C. Lincoln, Good Samaritan, and Maricopa County Hospitals and the curriculum for doctors' training purchased by Maricopa County.

Responsible Parties

- Arizona Department of Health Services
- Hospital administrations
- Arizona Hospital Association
- Dental Associations
- Private practitioners

Quote

"No one had asked me anything about being battered. It would have been nice if the nurse had not bought my flimsy story, had asked a few questions. . . talked to me about options, but this never happened. For them not to probe. . . left me feeling that hospital personnel were cold and uncaring about battered women. No one informed me that there were people and places that could help me."

Battered Women's Experiences in the Emergency Department, Journal of Emergency Nursing, 1994; 20:280-8.

2

UNIVERSAL SCREENING

Many victims may never call the police, go to court, or flee to a shelter. A great number do, however, visit doctors, hospitals and clinics for treatment of injuries and stress-related illnesses. Over one third of victims of domestic violence will speak to a physician or nurse about the abuse if a direct inquiry is made.¹⁷ Universal screening, a practice of asking all patients about domestic violence regardless of whether they are suspected to be victims of domestic violence, is an invaluable tool to reach out to victims and provide referrals to community resources.

Recommendation **Implement universal screening and necessary follow-up services in various settings:**

- All Valley hospitals
- HMOs, WIC offices, OB/GYN and prenatal programs, County health clinics, Head Start programs, public health programs (i.e., school nurses)
- Standardize screening during substance abuse/mental health intakes (modeled after East Valley Addiction Council screening and treatment practices)

Key elements:

- In all settings, train staff to know the appropriate questions to ask and how/when to ask them
- Necessary follow-up services/resource materials must be provided to all those who disclose

Rationale The identification of family violence through screening has been identified as an important component of comprehensive health care over the last decade. Both the American Medical Association and the American College of Obstetricians and Gynecologists have recommended that “domestic violence and its medical and psychiatric sequelae are sufficiently prevalent to justify routine screening of all women patients in emergency, surgical, primary care, pediatric, prenatal, and mental health settings.”¹⁸ Even with this recommendation, routine and even targeted inquiry by physicians and other health care providers is rare, and battered women identify medical providers as one of the least effective professional sources of help.¹⁹



Many survivors have reported that disclosure in the health care setting was difficult, in part because of the health care provider's failure to ask about battering during the clinical encounter. The majority of the respondents in a 1996 study among survivors felt that health care providers needed to have a deeper understanding of the social and behavioral issues surrounding violence and abuse, and fully 76% of these women favored direct inquiry about domestic violence as a routine component of the medical encounter, even if no signs of injury or psychological distress were present.²⁰ Among the general public, more than 85% of Americans feel that, if asked, they could talk to

a physician if they were a victim or a perpetrator of domestic violence, and more than half feel that physicians could be of help in situations of domestic violence.²¹ When screening is selective rather than universal, cases of domestic violence are likely to be missed because patients are unlikely to volunteer a history of domestic violence. Both qualitative studies and the experience of domestic violence specialists have highlighted patients' reluctance to volunteer information about domestic violence when not directly asked. In a recent study, only 8% of abused women told a health care provider about the abuse without being asked first.²²

Overall, the benefits of universal screening are:

- Appropriate diagnosis and effective care
- Reducing correlated health problems
- Reducing provider stress
- Increase in detecting and preventing child abuse (In 30-70% of families in which the mother is being abused, the children are also being abused)
- Prevention of future violence by providing education to patients
- Health care and societal cost savings
- Reducing liability risk to hospitals²³

Screening in substance abuse/mental health programs is also extremely important, as many providers report a high rate of individuals in their programs are also dealing with domestic violence issues. In a recent survey of 100 East Valley Addiction Council (EVAC) participants, 90% had experienced domestic violence. By screening for abuse at the intake stage, EVAC has been better able to match the type of services necessary to effectively address the substance abuse and the domestic violence issues.

Roadblocks Voluntary vs. mandatory participation in screening. If the voluntary approach does not prove effective, legislative action may be needed to mandate domestic violence training and implementation of universal screening in health care settings. Such landmark legislation has been enacted in California, New York, and Florida.²⁴ Provision of appropriate and continual training for both health care and behavioral providers so that the anxiety associated with the lack of awareness about what to do if domestic violence is disclosed, or suspected and not disclosed can be dealt with appropriately.

Resources Expertise from the organizations engaging in universal screening.
Existing screening tools and training developed by the Arizona Coalition on Domestic Violence.
EVAC's model for screening and addressing domestic violence within a substance abuse program.

Responsible Parties Hospital administrations.

HMOs, Maricopa County Department of Public Health, Head Start Programs, School Nurse Association.

Arizona Department of Health Services; Regional Behavioral Health Authority; the Mental Health Association; and Substance Abuse/mental health providers.

3

EDUCATION OF HEALTH AND SOCIAL SERVICE PROVIDERS

Many health care and social service practitioners lack formal education and training on domestic violence. Education of all health care and social service providers about the high prevalence, morbidity, and mortality caused by violence within the family is crucial. Providers must be empowered by training to incorporate domestic violence screening and treatment into practice.

Recommendation Integrate domestic violence training into the core curriculum for students enrolled in medical, nursing, physician assistant, nurse practitioner programs, as well as masters degree programs in social work, psychology, and counseling

Rationale The proper training and education of future health and human service professionals will increase the awareness that domestic violence is a major social problem often complicated by issues related to substance abuse, mental illness, and socio-economic factors. As such, core competence regarding screening, assessment, intervention, and prevention of domestic violence should be expected and considered part of the standard of care for all graduating and practicing health care professionals.²⁵

The dynamics of domestic violence and appropriate intervention strategies for various health care and social service providers are not formally integrated into the curriculums of most health and social science programs. Physicians, nurses, mental health professionals, social workers, dentists, physician assistants can independently or interdependently play a significant role in impacting the short and long-term well being of domestic violence victims. As such, the education programs for these professions should include the following *learning objectives*:

- a. Enhance awareness and encourage universal screening;
- b. Provide specific techniques that facilitate identification through screening tools and interviewing techniques, referral, and discharge planning;
- c. Develop a policy/plan of action within professional settings after domestic violence is identified or disclosed;
- d. Provide information and referral to local community resources; and
- e. Encourage health and social service providers to advocate for funding and public policy which increase safety to victims in the local community.

Roadblocks Reluctance and difficulty associated with adding a domestic violence component to various curricula because of competition with other important and equally complex topics.

Whether departments would make a module on domestic violence mandatory or optional is in the hands of the educational institutions, unless legislative action is taken similar to California's *AB 890* which mandates domestic violence education as a requirement for licensure.

Resources Existing curriculums and available staff/trainers to provide materials and teach courses.

Curricular principles with detailed goals and objectives for an integrated approach to health professions' education in family violence for the disciplines of medicine, nursing, and dentistry have been published and can be expanded and adapted for other health and human service disciplines.²⁶

Responsible Parties Certifying Boards, Professional educational institutions, Residency training programs, Health and Social Service Providers.

Quote

When physicians and nurses do nothing, even when the victim/patient knows they know, they magnify the victim's anxiety, hopelessness, fear, and shame — her sense that she alone is responsible for her safety, that she alone is perhaps, after all, to blame.

Ann Jones, [Next Time She'll be Dead: Battering and How to Stop It](#)

4

CROSS TRAINING ON MENTAL HEALTH/ SUBSTANCE ABUSE

Domestic violence is often complicated by issues of substance abuse and mental health. Because of this interplay, professionals in the social service, mental health and behavioral health fields need proper training to recognize and care for victims and their families who are dealing with multiple issues.

Recommendation Create a policy change within Boards of Certification for the social service, mental health, and behavioral health fields to require training on domestic violence using Arizona Coalition Against Domestic Violence training models

Key elements include:

- Begin with state level Boards
- Target the following audiences: the Regional Behavioral Health Authority, Boards of Certification for professional licensure, mental health and substance abuse associations, court evaluators involved in custody cases, insurance case managers, child protective services case managers, and probation officers
- Training should go beyond identification and referral to include as appropriate for mental health and/or substance abuse programs:
 - Routine screening for histories of victimization
 - Validation of the experience for the victim
 - Consideration of responses to trauma in diagnoses and treatment planning
 - Safety planning
 - Record keeping
 - Interventions for children and adolescents who witness the violence²⁷

Rationale Mental health and behavioral health professionals come into contact with victims of domestic violence and batterers through a number of avenues: mandated treatment for batterers, self referral, individual and couples counseling, and referral from other agencies. It is vital, therefore, for these professionals to understand the dynamics of violence and the proper intervention strategies in the context of either substance abuse or mental health treatments. However, few programs in any of these disciplines require much training in the area of domestic violence.

Data reveals a high incidence of co-occurrence between substance abuse and domestic violence. Over 50% of clients presenting alcohol or other drug problems also experience domestic violence. Likewise, over 50% of those presenting help with domestic violence also struggle with substance abuse.

Therefore, individuals who present with one problem need to be screened for the presence of the other problem.²⁸ The services typically provided by the domestic violence service system are often inadequate to meet the needs of women affected by both problems. Even when admission criteria do not

Categorically exclude chemically dependent battered women from services, many domestic violence programs do not conduct appropriate screenings for substance abuse and regularly fail even to minimally evaluate the addiction treatment needs of sheltered battered women. Likewise, mental health and substance abuse programs often fail to screen for domestic violence and/or provide interventions based on myths and misconceptions about domestic violence.²⁹

Better trained staff will become more effective in responding to substance abuse/mental health issues and domestic violence, thereby creating a more seamless service system.

Roadblocks Ability to influence Boards to change licensor requirements.

Buy-in from target audiences.

Resources Knowledgeable advocates to influence policymakers on Boards.

Available curriculum and trainers from the Arizona Coalition Against Domestic Violence.

Existing collaborations between domestic violence, substance abuse and mental health providers.

Responsible Parties Arizona Coalition Against Domestic Violence and the target audiences identified.

5

INTEGRATION OF PREVENTION AND EARLY INTERVENTION INTO MENTAL HEALTH/SUBSTANCE ABUSE PROGRAMS

Substance abuse, mental health, and domestic violence service systems are combating interwoven problems that each day threaten the lives and well-being of countless women, men and children. It is essential that the programs of these systems work together to enhance victim safety, offender accountability, and recovery.

Recommendation **Incorporate domestic violence prevention and early intervention into mental health and substance abuse programs**

Key elements include:

- Routine screening for histories of victimization
- Including and monitoring domestic violence indicators into all chart audits for inpatient and outpatient clients
- Offering domestic violence counseling and support groups
- Consideration of responses to trauma in diagnoses and treatment planning
- Safety planning
- Community information and referral at discharge
- Include a domestic violence component in school-based behavioral health prevention programs

Rationale Many victims who struggle with substance abuse or mental health issues such as depression, live with violent partners. These victims many not even see their partners as abusive, or may blame themselves for the abuse. Thus, they may not even seek help for the abuse. It is critical, therefore, that substance abuse and mental health programs have procedures on screening, interviewing, and providing referrals to support services.

In addition, mental health and behavioral health clinicians need to be aware of interventions that may impact their clients' safety or approaches to counseling/treatment that may blame the client for the abuse. The overall goal of interventions should be to insure the mental health, safety, and physical health of victims. Given this, there are a number of factors clinicians and counselors need to consider during treatment. Clinicians need to be clear that although it takes two to be in a relationship, it takes only one to be violent. And only the violent person is responsible for that violence. In addition, the time of greatest risk of harm or even death for a victim is during the process of leaving the abuser. Clinicians may be



From the MAG Domestic Violence Safety Plan

unaware of the danger in which they place victims when encouraging a victim to leave an abusive partner before she/he is ready and before a detailed safety plan has been developed.³⁰

Collaborations with multiple agencies is needed to respond to clients with multiple issues, creating a more seamless service system and reducing probability of relapse of substance use/reoccurrence of violence.

Parallel charting of substance abuse recovery/mental health progress and domestic violence related issues provides a more comprehensive treatment/safety plan for the victim.

Roadblocks

Meeting the needs of domestic violence victims who are affected by mental illness and/or substance abuse requires an effective working relationship between the two service systems. Two systems marked by significant differences in language and approaches to intervention. This presents multiple obstacles to cooperation and collaboration.³¹ (See Appendix C for Working Assumptions for the Treatment of Substance Abuse and Domestic Violence Cases and Blended Intervention Strategies)

Tendency of staff to want to compartmentalize issues makes it difficult for both domestic violence and substance abuse/mental health staff to see all these issues as their own.

Resources

Existing collaborations between agencies in these areas. For example, Save the Family's strong collaboration with PREFAB of Arizona to provide counseling and support groups for their clients.

The Elizabeth Stone House model in Massachusetts – a shelter provider specializing in addressing mental health issues. (See Appendix C)

Existing local experts in the areas of domestic violence, substance abuse, and mental health.

Responsible Parties

The Regional Behavioral Health Authority; Substance abuse/mental health providers and Domestic violence shelters.

6

WORKPLACE PROTOCOLS

As violence in the workplace continues to increase, the recognition that domestic violence is a serious workplace issue is beginning to take hold. A recent nationwide survey of corporate security directors revealed that 94% consider domestic violence as a “high security problem” at their companies.

Recommendation **Develop and implement employer/employee domestic violence workplace protocols and policy manuals**

Targets:

- Public sector employers
- Private corporations

Key Elements of Protocol:

- Adoption of a “Zero Tolerance” policy towards violence, including domestic violence
- Reporting guidelines for violent incidents or potential problems
- Reasonable security arrangements/safety procedures
- Administrative controls, i.e., Prohibiting employees from working alone and domestic violence awareness training and conflict resolution training
- Training for supervisors and managers
- Providing information on domestic violence in common areas, i.e., restrooms, lunchrooms, etc.
- Provisions for paid leave, benefit policies, and flex-time accommodations which will meet the particular needs of victims³²

Rationale For many victims of domestic violence, the workplace is no sanctuary since the threats, stalking and violence often follows them to work. The U.S. Justice Department estimates that in the 13,000 incidents of on-the-job violence each year, the victims know their attackers intimately. Domestic violence also negatively impacts employees work performance, raising health insurance costs, reducing productivity, and increasing absenteeism and turnover rates. A 1990 report from the Bureau of National Affairs estimated that domestic violence results in costs between \$3 and \$5 billion to U.S. companies. Businesses, while often recognizing the impact of violence in the workplace and the need to address it, in most cases have limited knowledge and lack specific policies about domestic violence.

Implementation of workplace domestic violence protocols will assist employers to comply with a variety of legal mandates which require them to provide a safe and

healthy workplace, such as the *general duty clause* in the Occupational Safety and Health Administration standards; and the Violence Against Women Act (VARA) which now makes domestic violence a civil rights violation. In fact, employers who fail to provide for the safety of their workforce have been successfully sued in *Massic vs. Godfather's Pizza*, 844 f.2nd 1414 (10th Cir. 1988), *Yunker vs. Honeywell*, 196 N.W. 2nd 419

(Minn. App.1993), and *Tepel vs. Equitable Life Assurance Society*. Additional suits are expected based upon violations of the civil rights protection in VAWA.

Roadblocks Employers lack of knowledge as to the effects of domestic violence in their workplaces and their ability to positively impact and support their employees.

Up-front costs for staff time to develop and implement protocols and policies, as well as train employees.

Resources Maricopa County Attorney's Office, *Domestic Violence in the Workplace Protocol*, December 1998.

Local employers who care about the issue and are involved in The Governor's Office for Domestic Violence Prevention – One Voice Campaign.

Major corporation protocols: Polaroid, Marshall's, Inc. and Liz Claiborne.

The Corporate Alliance to End Partner Violence and the Family Violence Prevention Fund resource materials.

State and local government efforts such as the State of Florida model workplace policy on Family Violence Prevention, "Workplace Responds to Domestic Violence" and the Spokane Domestic Violence Workplace Training Manual.

Responsible Parties CEO's and top management of local businesses, Local governments, Chambers of Commerce, Business Associations, Arizona Department of Commerce, Corporate Alliance Against Domestic Violence, local United Ways, Governor's Office for Domestic Violence Prevention, Arizona Coalition Against Domestic Violence.

Quote

"Domestic violence is not something we can simply ignore. It is not just a family problem. It is a crime that is damaging to individuals and their families, as well as to the productivity in the workplace. We in corporate America cannot afford to stand on the sidelines if we hope to protect the well-being of our employees and the health of our company."

Jerome Chazen, Chairman, Liz Claiborne, Inc.

7

BUSINESS ACTION PLANS TO ADDRESS WORKPLACE VIOLENCE

Specialists in workplace violence report that situations can be resolved far more easily and effectively when an action plan has been developed through a joint effort within a company or agency. Although there is no strategy that works for every situation, the likelihood of preventing violence and successfully resolving a violent situation is much greater if the company has planned ahead and trained its staff.³³

Recommendation Businesses develop a comprehensive action plan to assist victims and address workplace violence

Key elements include:

- Develop a cross-functional team to develop a Plan, including law enforcement
- Establish and implement a policy on violence, which specially addresses domestic violence
- Train Employment Assistance Program (EAP) staff, Human Resource Managers, management staff, security staff, and if possible employees
- Ensure EAP programs are responsive to victims of domestic violence
- Develop and distribute domestic violence materials to all employees on an ongoing basis
- Provide training and educational resources to all new employees
- Continual evaluation of company responsiveness to victims of domestic violence and prevention of potential workplace violence

Rationale A policy on workplace violence which addresses domestic violence is just one element of a coordinated effort to ensure the safety of employees and provide support to victims. The success of the policy will depend on the development of a comprehensive action plan, which sets up mechanisms to assess potential violence hazards, implement different methods of minimizing or eliminating risks, and establish a post incident response to violence.³⁴

In addition to protecting employers from costly lawsuits and increasing workplace productivity, a comprehensive workplace violence action plan will broaden public understanding of domestic violence issues and link services to victims who may not have come into contact with the legal or social service system.

Roadblocks Lack of ownership/buy-in from businesses, resulting from denial among employers that violence is a serious workplace issue.

Costs associated with staff time, funding for trainers, printed materials and having enough “trained” trainers to work with major employers to help design an appropriate action plan.

Resources Existing employee assistance programs which address domestic violence.

Corporate Alliance To End Partner Violence’s *CommuniKit*, a tool to help companies implement an effective violence prevention education program.

Trainers and resource materials from Arizona Coalition Against Domestic Violence and the Department of Economic Security, Community Services Administration.

Recent efforts by local corporations such as American Express, Phelps-Dodge, and others.

Responsible Parties Chief Executive Officers and top level management of local private businesses, Arizona Coalition Against Domestic Violence, Association of Human Resource Managers.

INFO

In a 1994 survey of senior executives of Fortune 1,000 companies, 66 percent of the respondents believed that a company’s financial performance would benefit from addressing the issue of domestic violence among its employers. Significant numbers of respondents said domestic violence has a harmful effect on their company’s productivity (49%), attendance (47%) and increases in insurance and medical costs (44%).

Women’s Work Program, Liz Claiborne, Inc., Survey conducted by Roper Starch Worldwide.

8

RELIGIOUS COMMUNITY INVOLVEMENT

Faith communities are not immune to the destructive forces of domestic violence. In fact, one of every four members of a congregation is a victim or survivor of domestic violence.³⁵ The responsibility to offer help and be a prophetic voice in the prevention of violence is recognized by many religious institutions as fundamental to the values of justice, equality, and the protection of human dignity. To ensure the physical safety and spiritual well-being of their members, faith communities must be prepared to respond with knowledge and compassion.

Recommendation Establish an ongoing faith-based group focused on domestic violence and incorporate domestic violence training into theological curriculum and pastoral programming



Jeanne Roberts Distributes Safety Plan Brochures to the Mountain View Lutheran Church

Key elements include:

- Outreach to all 2,500 religious institutions in the county with information/training on domestic violence, as well as collect data on how they address domestic violence and what referrals they provide
- Educate and train clergy, lay leaders, hospital chaplains, and seminary students
- Encourage domestic violence education in the key points in people's lives that religious institutions play a role including: marriage preparation, religious initiation, youth programs, Sunday school programs, and singles groups
- Encourage religious institutions to become a safe and supportive place for victims and their families by: offering space for seminars, support groups or supervised visitation; adopt a shelter and/or family impacted by domestic violence; hold local pastoral conferences focused on domestic violence training; and develop an internal domestic violence protocol

Rationale The faith communities' participation in developing the skills families need to maintain caring, nurturing, and just relationships is a primary prevention strategy which can help break the cycle of violence.³⁶ As mediating institutions, religious communities can address domestic violence on both personal and public levels through *pastoral, prophetic and preventive responses*.³⁷ Workshops, sermons, church-sponsored activities, counseling sessions, and legislative advocacy efforts are opportunities for religious and lay leaders to convey a clear message that domestic violence is never justified and that the church is a place of refuge and understanding.

Religious leaders are uniquely positioned to influence community attitudes and supply help to victims because of their access to large groups of people of all ages and the theological tenets of justice and the common good which serve as the basis for action against violence. However, to respond effectively, clergy and lay persons need domestic violence education and training so that the appropriate interventions are applied and no additional harm is caused. For example, lives can be saved and future violence prevented when clergy and lay leaders know that referrals for mediation or couples counseling can increase the violence, or how certain counseling techniques places blame on victims and encourage victims to remain in a violent relationship in order to preserve the family unit. With the appropriate training on domestic violence, early identification of abuse and timely referrals to community services will increase, thereby promoting victim safety and batterer accountability.

Roadblocks Overcoming the past history/stance of some religious traditions that family violence is acceptable, as well as the strict sex-role stereotyping which deems women and children the property of the male head of household.

Inability to influence those who misuse scriptural texts and adhere to views on female submission which serve to blame the victim, minimize the severity of violence, and inhibit access to legal and medical resources.

Tension between secular and religious-based counseling intervention strategies, i.e., separation and/or divorce vs. family preservation.

An organizing force which can mobilize the great number of faith-based groups in Maricopa County.

Resources Recent efforts by the Arizona Coalition Against Domestic Violence's Religious Issues Committee.

Religious leaders who feel passionate about this issue.

Responsible Parties Faith-based communities/religious leaders, and the Arizona Coalition Against Domestic Violence.

Quote

"For all the classes I had in family living, counseling, psychology and the like, no one in Bible college had prepared me to help a woman with black eyes, broken ribs, and a concussion from her violent husband."

James M. Nichols, [Spouse Abuse: Can the Church Cope?](#)

9

TEACHING CHILDREN & YOUTH

Breaking the cycle of violence requires that children and youth learn how to solve conflicts and overcome destructive patterns they may have learned in their own families.

Recommendation Teach all children, teenagers, and young adults about domestic violence, conflict resolution, and anger management

Key elements:

- Target and utilize schools as primary access points for education and training on domestic violence for both children and parents
- Target all grade levels using age-appropriate materials
- Utilize and expand current school-based programs: Second Step, Power, RAVE/PAVE, Project Brave, and Project A.R.M.
- Map where all the school-based domestic violence curricula are currently being implemented, and assess service gaps in various school districts, with special attention to high incidence areas
- Utilize Geographic Information Systems to track incidence and target communities for education
- Whenever possible add domestic violence as a component in any violence prevention or conflict resolution program
- Include Conflict Resolution/Peer Mediation/Anger Management as part of the education about domestic violence
- Develop a “train the trainer” concept to spread this message statewide

Rationale Research has shown that intervention with children may be the best form of primary prevention of adult domestic violence. Schools have an important role to play in educating children and youth about violence by reinforcing values and skills such as equality, respect and sharing of power.³⁸ Sensitized and trained educators and school personnel can guide students in learning nonviolent ways of resolving interpersonal conflicts, as well as help identify children and youth who are being physically abused or witnessing violence in their homes.



Although there are a number of school-based violence prevention projects in existence throughout the County, there is a need for comprehensive and structured domestic violence education initiative which can tie all these efforts together and expand upon what has been proven successful.

Roadblocks Difficulty in obtaining funding for after-school hours operation (i.e., utilities, custodial services, liability insurance, security, program staffing).

Ensuring and encouraging consistent program involvement and participation of families.

Overcoming the hesitancy/concern of some parents and teachers in providing workshops labeled "domestic violence."

Increasing the recognition that domestic violence is a public health issue and not a weakness inherent in individuals.

Resources Existing programs/curriculum in schools that have been proven effective.

School administrators who have supported this type of programming on domestic violence.

Efforts underway to implement the Violence Prevention Initiative strategy: #6: *Add services at existing community resource centers to provide parenting training and case managers to help families gain access to an array of services.*

Explore state insurance pool for liability coverage for after-school programming.

Programs already operating on school campuses that are not school-administered and existing non school-based domestic violence programs that could readily expand to school sites.

Local businesses which can contribute to program costs (i.e., printing, food, company scholarships).

Responsible Parties School districts/school boards, Superintendents, Parent-Teacher Organizations and Parent-Teacher Associations, Organizations which provide school-based prevention programs, Home Schooling associations, Religious groups, Department of Economic Security, Safe School/School Resource Officers, and Local governments.

Through the Eyes of a Child

In Flames



Sometimes...

10

TRAINING FOR TEACHERS AND SCHOOL SUPPORT STAFF

A child's school community is extremely instrumental in teaching and reinforcing the values of respect, equality, and nonviolent resolution of conflicts. School staff must receive training to increase their ability to promote safe and respectful behavior, and respond effectively to children and families impacted by domestic violence.

Recommendation

Make domestic violence training for teachers a requirement for certification and recertification, and require all school support staff to be trained on domestic violence



Key elements of Training:

- Dynamics of domestic violence
- Impact of domestic violence on children
- Linkages to community resources
- School protocol and response
- School safety plan
- Teacher/staff legal responsibilities

Rationale

If teachers and school staff are going to be able to positively impact children and families struggling with domestic violence issues, they will need to have a greater awareness level and knowledge about identifying and reporting suspected abuse, and linking families with community resources. Domestic violence training will be equally important in the identification and provision of support to victims/abusers among the school staff.

Roadblocks

Funding, time restraints, and resistance of some teachers and staff to participate in training.

Difficulty in accessing educators employed by alternative educational systems.

Resources

Existing curriculums and available trainers from the Arizona Coalition Against Domestic Violence.

Resources from the Centers for Prevention Education and the Governor's Commission on Violence Against Women.

Responsible Parties Arizona Department of Education, School Boards (state and local), Arizona Coalition Against Domestic Violence, Parent-Teacher Organizations and Parent-Teacher Associations, State School Board Association, Superintendents/Associations, and Professional educational institutions.

Through the Eyes of a Child



no = no

11

PARENT/FAMILY EDUCATION

Prevention education and training on domestic violence should not happen in isolation but in the context of existing community programs geared toward wellness, healthy parenting and positive youth development.

Recommendation **Implement domestic violence education outside of school settings**



Target Audiences/Programs:

- Family Resource Centers
- Recreation youth programs/clubs (i.e., Boy/Girl Scouts, YMCA's)
- Senior Centers
- Shelters and group homes
- Young Fathers Program
- Birthing areas in hospitals
- At-risk youth programs
- Any life-skill education program
- Home visitation programs

Rationale Many individuals and families who do not have children in school could benefit from domestic violence education. As such, education on domestic violence needs to happen both inside and outside of school environments. By utilizing organizations with "captive audiences," i.e., existing programs targeted to adults, parents and/or youth groups, larger and more diverse groups of people will become educated and involved in domestic violence prevention. This type of education may help to identify more families struggling with domestic violence and lead them to the appropriate support services.

Roadblocks Participants in these types of programs tend to be a transient, short-term population.

Some organizations may not be open to adding extra education subjects to existing activities.

Quote

"Most [victims] and their children are in settings where we are not: neighborhood clinics, hospitals, child protection offices, day care programs and Head Start, schools and Family Resource Centers. We need to collaborate with these settings to help them establish responses and services."

Susan Schechter, 1997 Pennsylvania Statewide Training Institute

Such a widely diverse setting and array of organizations will require a strong organizational component to coordinate and disseminate information.

Resources There are a multitude of potential sites, and organizations/groups which already conduct domestic violence prevention education.

Responsible Parties Arizona Coalition Against Domestic Violence.

Through the Eyes of a Child



Dad Hitting Mom

12

TARGETING ADULTS AND CHILDREN INVOLVED IN CRIMINAL JUSTICE

High risk populations that are under some type of supervision/control represent a “captive audience” that can benefit from prevention education and counseling on domestic violence.

Recommendation Implement counseling and education programs for adults and children involved in the criminal justice system

Target Audiences:

- Juvenile/adult incarcerated
- Juvenile/adults on probation
- Family Court (divorce, juvenile, foster care)
- First time domestic violence offenders

Rationale With the number of domestic violence cases increasing, a few correctional facilities have begun to offer domestic violence counseling and prevention education programs to inmates. Women’s correctional facilities, in particular, are increasingly initiating self-help support groups for battered women in prison. It is estimated that 60% of women in prison have been victims of at least one form of abuse in their lives, most commonly from a male intimate or male relative.³⁹ The experience of these programs could provide a basis for replicating other counseling and prevention education programs for both juvenile and adult incarcerated populations, as well as those sentenced to probation.

Roadblocks Funding for programming and legislative/court rule whether service would be voluntary or mandated.

Limited knowledge on the number and experience of correctional facilities/probation departments implementing prevention education and domestic violence counseling programs.

Lack of research on the effectiveness of prevention education and counseling for the general incarcerated population.

Lack of curriculum targeted to this population.

Resources Experience of Arizona Coalition Against Domestic Violence trainers in conducting support groups with battered women in prison.

Expertise and willingness of trainers to conduct prevention education with the general incarcerated population.

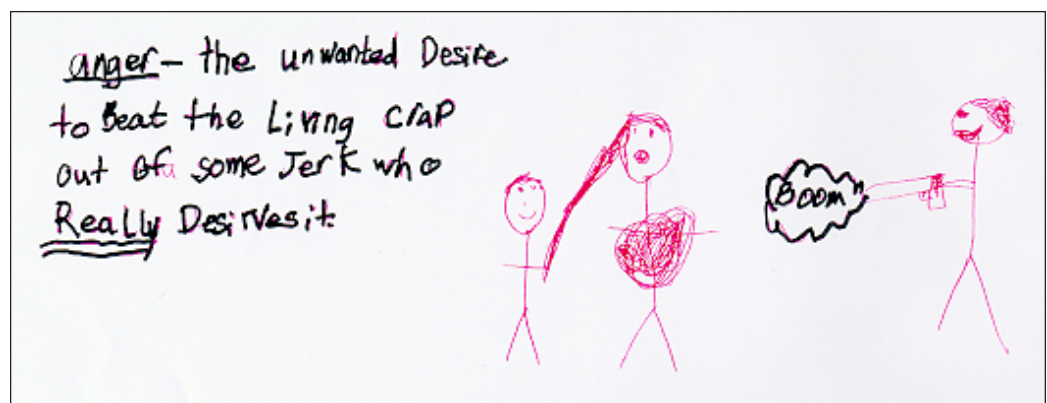
Experience of other correctional facilities/probation departments around the country implementing domestic violence counseling and prevention education programs.

Willingness of courts, jails, detention centers, probation departments, and advocacy agencies to provide these services.

Responsible Parties Courts, Sheriff's Department, Arizona Department of Corrections, Arizona Department of Juvenile Corrections, Local law enforcement and probation departments.

Through the Eyes of a Child

Boom!



13

ZERO TOLERANCE COMMUNITY EDUCATION CAMPAIGN

The ideal community response to domestic violence requires the community opinion to strongly state that domestic violence is unacceptable. This unified opinion will lead all community institutions to demand full accountability from batterers by applying the appropriate consequences and service system responses that ensure victim safety.⁴⁰

Recommendation **Develop a media relations campaign espousing Zero Tolerance for domestic violence**

Key elements:

- Ongoing distribution of the MAG Domestic Violence Safety Plan
- Coordinate with existing community groups focused on violence prevention such as the Violence Prevention Initiative and the Arizona Public Health Association's Task Force on Child Abuse and Family Violence

Rationale The average citizen has limited knowledge about the causes and effects of domestic violence and has formed misconceptions about domestic violence based upon common cultural myths. As a result, many community members believe domestic violence is a private matter for which they are not responsible and have a limited sense of effective interventions. An increase in individual and community accountability through education is needed to combat the increasing tolerance for domestic violence.



The way violence is portrayed in the media can positively impact people's attitudes about domestic violence and play a role in preventing future violence. A community education campaign is needed to work with the media in a way that encourages responsible reporting of domestic violence.

Electronic (T.V. and radio) and print medium communication is the fastest and most efficient way to reach a large, diverse audience.

Roadblocks Obtaining funding and developing an organizing body responsible for implementation.

Resources Existing support and efforts underway for The Violence Prevention Initiative's Strategy #7: "Develop a strong media campaign to raise awareness about the importance

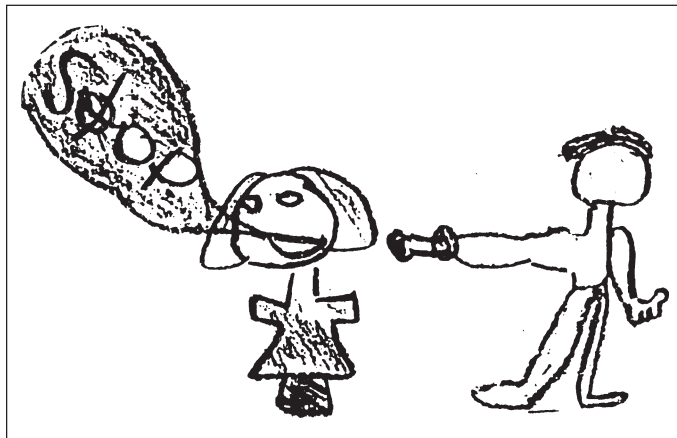
of early childhood development, the prevalence and consequences of domestic and child abuse, and the services that are available to help."

Successful awareness campaigns related to drinking and driving, and most recently tobacco cessation.

Arizona Coalition Against Domestic Violence – Victim Services web site

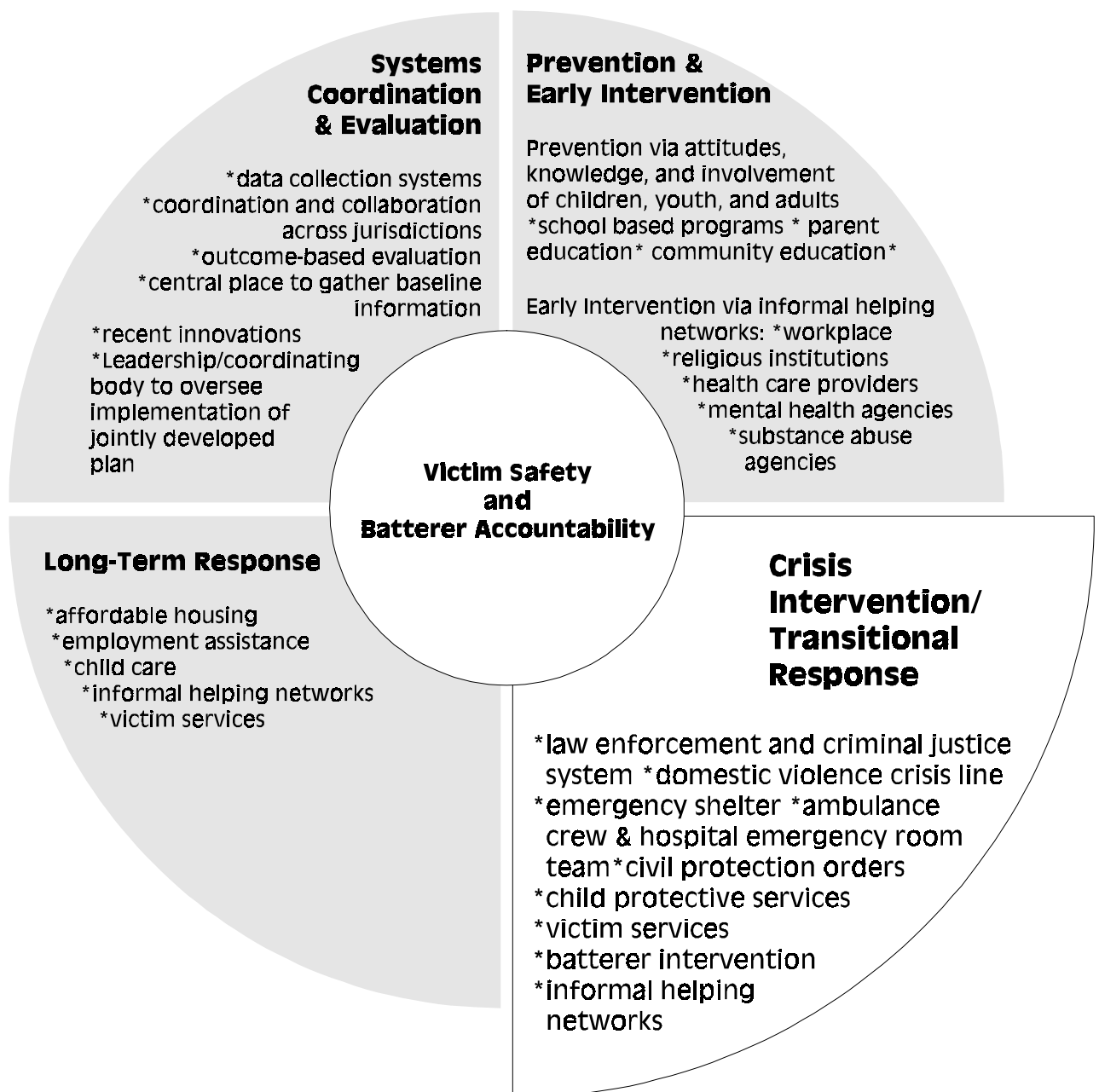
Responsible Parties The Violence Prevention Initiative; Arizona Public Health Association; Arizona Coalition Against Domestic Violence; and Representatives from the local electronic and print media.

Through the Eyes of a Child



Stop

Crisis Intervention and Transitional Response



14

TRAINING FOR CRIMINAL JUSTICE SYSTEM PERSONNEL

Training of personnel who are first at the scene of a domestic violence incident, or of personnel in the justice system who encounter domestic violence victims and batterers, increases the effectiveness of their system's response. Well trained and knowledgeable criminal justice personnel will assist victims in providing linkages to needed services and gathering the evidence necessary to proceed with the prosecution of offenders, even if the victim recants.

Recommendation Standardize training for criminal justice personnel including: judges, *pro tem* judges, court staff, prosecutors and police/fire departments

Key elements:

- Competency training for police officers needs to be post academy and periodic—every two years. The training should include officer sensitivity to victims and offenders. Training for all personnel should also include characteristics of batterers as research shows that perpetrators of domestic violence are often perpetrators of other violent crimes⁴¹
- All new judges and *pro tem* judges should be required to attend domestic violence training when they assume office and have periodic educational opportunities offered as part of their on going training
- All emergency response personnel should be trained in the dynamics of domestic violence and the types of services available to assist victims
- Court staff often interact with domestic violence victims. Training in the dynamics of domestic violence would assist them to understand the types of behaviors, responses and problems of the victims
- Ensure that the training is consistent
- Training should also include a clear description of probable cause, use of force, authority to pursue, weapons confiscation, officer safety, relevant civil and criminal law and victim services⁴²

Rationale Judges, prosecutors, police officers and fire department personnel are critical parts of a community's criminal justice response to domestic violence. The actions and decisions of criminal justice personnel have profound effects on the safety, well-being and recovery of victims and their children. Well trained and knowledgeable judges, prosecutors and fire/police officers are needed to send a clear and consistent message of the seriousness of this crime and to ensure that no further harm comes to victims.

Roadblocks Training in the dynamics of domestic violence helps criminal justice personnel to understand why a person remains in a battering situation and often refuses to cooperate with police and prosecutors. Training is most effective if done by a combination of instructors from shelters, advocates, victims, offenders, police and prosecutors.

Training of judges reinforces the research that has shown that the most effective deterrent to recidivism is arrest and appropriate sentencing, including incarceration. Research has also shown that violence left unchecked, escalates in severity.⁴³

Time and cost associated with developing and implementing training programs.

Philosophical differences among different sources on specific training content.

Lack of support for mandatory training for judges.

Securing approval from Arizona Peace Officers Standards Training (AZ POST).

Resources Arizona Administrative Office of the Supreme Court coordinates training for judges.

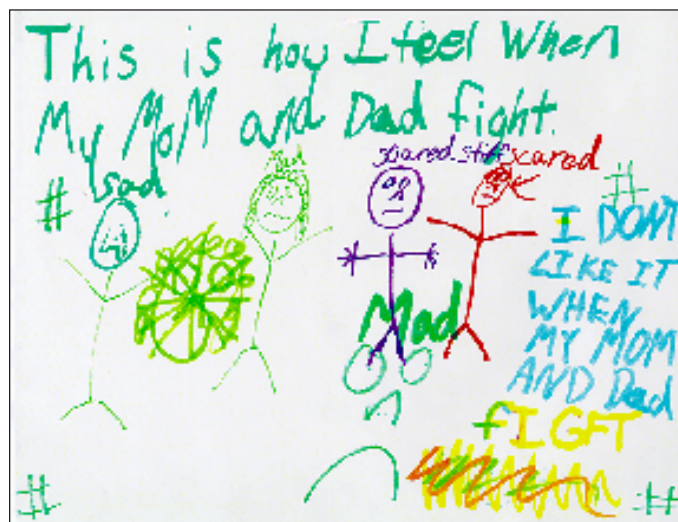
Existing training conducted by AZ POST.

Training Subcommittee of the Maricopa County Attorney's Protocol Task Force.

Local resources of talented and knowledgeable trainers, and existing curricula from around the country.

Responsible Parties Administrative Office of the Court; Local government; and AZ POST.

Through the Eyes of a Child



This is how I feel...

15

PRIORITY SERVICE FOR ORDERS OF PROTECTION

Orders of Protection offer one element of safety standing between a domestic violence victim and additional abuse by the batterer. Despite the importance of Orders of Protection, a study by the National Institute of Justice found that 25% of battered women generally suffer abuse for five years before seeking an Order of Protection. Victims need to know that a petition for an Order of Protection, and violations of their Orders will be treated expeditiously and seriously by the criminal justice system.

Recommendation **Victims requesting Orders of Protection should be given priority service**

Key Elements:

- Clear guidelines should be developed regarding the circumstances for issuing the orders, procedures for notice and hearing, specificity, guidelines for enforcing orders, guidelines for victims' access to the means of securing an order and training for all court personnel about the orders
- Expand the hours each day when a victim can obtain an Order to 24 hours, including holidays and weekends
- Use technology to expand and expedite the number of Orders processed or increase the sites at which Orders are issued
- Increase training for court personnel who process Orders
- Add bilingual capacity at each site to interpret Orders

Rationale A protection order is a civil document providing a domestic violence victim with a legal tool to prevent the batterer from inflicting additional abuse. In Arizona, Orders of Protection are valid for twelve months and can be issued by a municipal judge, justice of the peace, or a superior court judge. Orders, when violated, allows the police to arrest the person perpetrating the abuse. The Courts may hold the violator in contempt, impose fines, or incarcerate the violator, depending on the nature of the violation.

Orders of Protection are often difficult to obtain, not handled expeditiously and in some cases not served at all. Victims report difficulties in obtaining Orders because of lack of transportation, and the inability to reach police departments or courts during regular workday hours. Domestic violence frequently occurs during the evenings and on the weekends, when most courts are not in session. In some instances, Orders of Protection are not served to the batterer by a law enforcement official due to the lack of resources. This results in the order being unserved or



threatens further harm to the victim if she must deliver it. Research has shown that Orders of Protection are not effective if they are not promptly served or effectively enforced.⁴⁴ Batterers routinely violate Orders, especially if they believe there is no real risk of being arrested. For enforcement to work, courts need to monitor compliance, victims must report violations, and law enforcement officials, prosecutors, and judges should respond sternly to reported violations.

Overall, better handling of Orders of Protection will increase victim safety, reassure victims that the criminal justice system is committed to protecting her and her children's safety, and decrease the number of victims who drop out during the court process. Moreover, a clear message will be sent to batterers that the criminal justice system will not tolerate their abusive behavior.

Roadblocks Lack of prioritization of Orders of Protection by the courts.

Current court practices which are jurisdiction-specific.

Lack of resources to serve Orders of Protection.

Challenges associated with court scheduling, staffing and lack of resources available, especially in small jurisdictions.

Resources Large jurisdictions have resources which can be prioritized.

Smaller jurisdictions could use teleconferencing technology to link courts electronically to ensure that one court is always available to issue an Order of Protection.

Full faith and credit legislation makes it possible to enforce Orders of Protection from other jurisdictions.

Responsible Parties Courts.

Quote

Domestic violence requires a coordinated response from each part of the justice system, acting in collaboration with local social service and advocacy group representatives. Civil protection orders, as part of the solution, cannot be used and enforced fully by any of these groups without cooperation from the others. For example, law enforcement officers may be reluctant to file reports or make arrests if they do not believe the prosecutors will follow through or that the judge will impose appropriate sanctions.

P. Finn and S. Colson, *Civil Protection Orders: Legislation, Current Court Practice and Enforcement*, National Institute of Justice, March, 1990.

16

NONCOMPLIANT OFFENDERS HELD ACCOUNTABLE

Criminal justice personnel need to take actions at all points in the criminal justice system to reinforce the message that battering is a crime which will not be tolerated. By allowing slow compliance or noncompliance with court orders, the criminal justice system not only creates an appearance of unconcern for the crime but may also endanger the lives of victims. This contradicts program messages that battering is both illegal and socially unacceptable.⁴⁵

Recommendation **Noncompliant offenders held accountable by the criminal justice system through:**

- Expeditious handling of cases,
- Collection of relevant data on the offender for judges, prosecutors, probation officers, and treatment providers, and
- Supervised probation to monitor compliance.

Rationale Prosecutors, police officers, victim advocates and batterer treatment providers involved in the MAG planning process described policy and funding issues across jurisdictions which have the combined effect of allowing many batterers to dodge consequences. For example, first and second-time offenders who are ordered not to see the victim, or to attend counseling are not supervised in any way. As a result, batterers often do not complete their counseling sessions, or never bother to show up at all. Without accurate data on previous cases, judges sometimes sentence offenders to the same type of counseling program for a second offense. In addition, there is a lag time in processing cases and often a low priority is placed on domestic violence as an offense.

The three remedies recommended above to increase the accountability of offenders for their actions have also been highlighted as key components of an integrated criminal justice response by the United States Department of Justice (DOJ) 1998 study on effective approaches to batterer intervention. The DOJ report suggests that the success of batterer intervention is significantly impacted by the criminal justice system's adoption of policies which expedite trial dates, sentencing, probation contact, and batterer program intake. This is also supported by gathering "broad-based offender information quickly for judges, prosecutors and probation officers." Informed decision-making related to sentencing, treatment matching, and probation monitoring relies upon knowledge of previous arrests and convictions, substance abuse history, involvement with child protective services, and victim information. Probation supervision was specifically cited in this study as "central to the criminal justice policy concerning battering and cooperation with batterer intervention."⁴⁶

Domestic violence offenders who are not placed on supervised probation have little deterrent from further abuse or harassment of the victim. The batterer may try to discourage the victim from pursuing prosecution and may threaten further harm. If police officers, prosecutors and judges do not have the knowledge that the offender is violating court ordered consequences, the batterer continues to re offend with little fear of any coordinated response to multiple assaults. In addition, there is no linked data system which allows police departments and other law enforcement personnel to know if the offender is charged in multiple jurisdictions.

Research has shown that batterers who must report periodically and consistently to probation officers are less likely to recidivate during the probation period than are those without this intense supervision.⁴⁷

Roadblocks Difficulty in tracking some offenders in all jurisdictions to serve the warrants. In today's best case scenario, there is a 40-day wait before a defendant who is in violation is back in court.

Personnel costs for supervised probation; and the immense amount of paperwork involved.

Judicial discretion in resetting counseling and sanctions.

Resources The Arizona State Legislature passed a bill during the last session which increases the penalty for abusers after the third offense, making the fourth offense a felony. A fingerprinting requirement, which took effect in January 1999, will require that a more comprehensive records tracking system be put into place to assist police officers, prosecutors and judges to follow the new requirements.

The example of specialized domestic violence prosecution and probation units, such as the Dade County Domestic Violence Division could be used as a model to consider for the expeditious handling of cases. (See Appendix B) Another best practice to consider for improving service delivery in the criminal justice system is the use of centralized dockets for domestic violence cases, as exemplified in the Quincy District Court in Massachusetts.

Responsible Parties Courts and Local governments.

INFO

Typical Profile of a Batterer: a chronic criminal offender with 6 previous offenses before he sees a judge.
Quincy, 1990

17

FAMILY VIOLENCE CENTERS

Creating a family-friendly, nonthreatening atmosphere for victims and their children provides an opportunity to provide essential services in one location while reducing the anxiety level of the victims.

Recommendation Consider adopting the Family Violence Center model for larger communities. Smaller communities could adopt aspects of the Family Violence Center model or perhaps collaborate with neighboring jurisdictions to create a sub-regional center

Key elements:

- Co-location of a number of essential services for the victim, including but not limited to: medical examination and documentation, police detectives involved in domestic violence, child protective services personnel, victim advocates and counselors, and supervised visitation services
- Availability of service in a nonthreatening atmosphere designed to put the victim and children more at ease
- Availability of services on a 24-hour basis

Rationale The Mesa Center Against Family Violence, a local Family Violence Center model, has been certified by the National Network of Children's Advocacy Centers, and utilizes standards that have proven extremely effective in responding to family violence and ensuring that victims are not re victimized by the systems designed to protect them. The comprehensive approach stresses the coordination of investigation and intervention services by bringing together professionals and agencies as a multi-disciplinary team working together in one facility.

Roadblocks Costs associated with establishing the centers and feasibility in smaller jurisdictions.

High level of coordination among traditionally disparate systems presents certain difficulties in effectively providing the services involved in a Family Violence Center.

Resources Experience of the Mesa Center Against Family Violence and willingness of other jurisdictions to consider this model, such as the Phoenix Family Violence Center that is currently in development.

STOP Grant funding – federal and state funding, as well as local resources.
Sheriff's Office resources for smaller jurisdictions.

Responsible Parties Local governments.

Through the Eyes of a Child



Before and After

18

MARICOPA COUNTY ATTORNEY'S DOMESTIC VIOLENCE PROTOCOL

Best practices have been developed in a number of areas related to domestic violence. These policies and procedures reflect the input and experience of professionals in law enforcement, criminal justice, victim services and advocates.

Recommendation All local governments implement the Maricopa County Attorney's Domestic Violence Protocol

Background on Protocol:

- The County Attorney's Protocol includes policies and procedures related to domestic violence
- The Protocol relates to offender accountability through investigation, prosecution and offender sanctions. The Protocol was developed by over 100 individuals from 60 different agencies, including law enforcement, city prosecutors, victim assistance, courts, probation and offender intervention programs
- Protocol sections include: communication and patrol response, follow-up investigations, orders of protection, prosecution, victim/witness services and offender intervention

Rationale Domestic violence represents the leading call for services in most police departments. With 23 police agencies, 14 city prosecutors, courts at the municipal, justice and superior levels, there is little consistency in the treatment of domestic violence offenders.



A regional approach to domestic violence, which includes standard policies and procedures will assist in helping keep victims safe and hold offenders accountable. Implementation of the Protocol provides assistance to police and prosecutors to prosecute an offender even if the victim recants and refuses to cooperate with law enforcement.

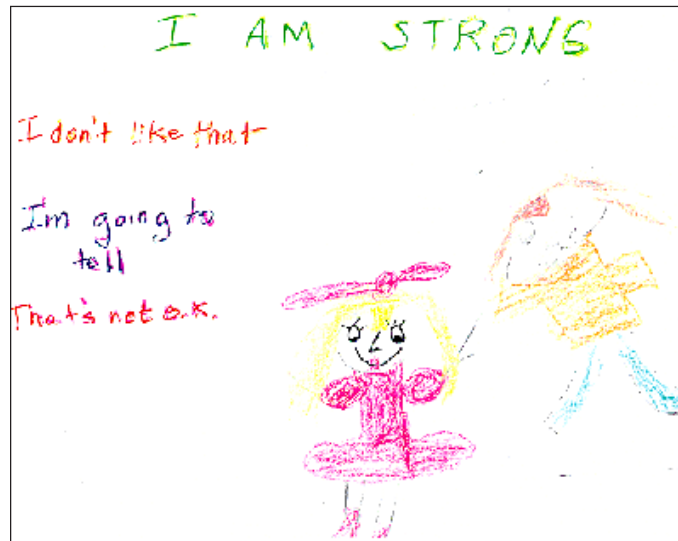
The Protocol includes filing guidelines for prosecutors and the County Attorney's office to ensure that prosecution is possible as well as procedures to assist victims at the scene and linkages with needed services and advocates. The Protocol also includes standards for offender intervention programs.

Roadblocks Limited resources for equipment and personnel, as well as a lack of prioritization of domestic violence.

Resources The existing Protocol and training available.
Potential funding for equipment through grants.

Responsible Parties Local governments.

Through the Eyes of a Child



I AM STRONG

19

ESTABLISH AND IMPLEMENT HOSPITAL PROTOCOLS

Battering of women is the single highest cause of injury – more than car accidents, muggings and rapes combined, and yet hospitals fail to recognize domestic violence as the cause of the injury in 24 of every 25 women victims.⁴⁸ Women often seek treatment in hospital and clinic emergency settings because of the severity of the abuse, which often continues to escalate unless there is intervention. Medical practitioners should be aware of the need to screen for domestic violence and link victims with support services.

Recommendation Establish and implement hospital protocols as mandated by the Health Resources and Services Administration; involve victims in the decision by hospital personnel of whether to report to police unless mandated by statute

Key elements:

- Comply with both the Joint Commission on Accreditation of Health Organizations (JCAHO) and Health Resources and Services Administration (HRSA) requirements that hospitals have protocols designed to identify and treat domestic violence victims
- Establish and implement hospital protocols as mandated by the Health Resources and Services Administration
- Identify a domestic violence coordinator who is trained and knowledgeable about domestic violence issues
- Integrate hospital staff, social services staff, and emergency service personnel in discussion of protocol and provision of training
- Communicate with the victim about any mandatory reporting that needs to occur and his/her opinion in this regard. State statute requires reporting in cases where a firearm, knife or material injury is involved.
- Comprehensive checklist for a hospital protocol includes:
 - Provide periodic training to all hospital staff on the issue of domestic violence.
 - Screen all patients for domestic violence victimization;
 - Provide resource material in all bathrooms and laminated pocket guide for hospital staff;
 - Link hospital social services to domestic violence victims;
 - Identify domestic violence agencies and resources within the community;
 - Connect community resources to the domestic violence victim;
- Essential components of education/training include: power and control/dynamics of domestic violence, criminal justice system response; issues for the victim (safety and involvement in decision making regarding reporting to police, cultural awareness, elder abuse, impact of domestic violence on children,

standardized resource materials for victim (shoe card, safety plan, etc.), community and national resources for the batterer, victim and those who want to learn more about domestic violence.

- Utilize community resources in education and training.

Rationale Domestic violence is one of the most common reasons for injuries to women, and one of the most common reasons women seek medical assistance in hospital emergency rooms. If hospital staff are aware of the potential for domestic violence as a cause for treatment, they are able to assist victims to access needed services to avoid further victimization. Assigning a person the responsibility of coordinating the hospital's training and protocol for domestic violence focuses responsibility, promotes the recognition that domestic violence is a public health issue, establishes a primary and knowledgeable contact point for emergency services agencies and promotes victim safety and awareness.

The recommendation regarding involving the victim in the decision to report the crime to the police is included because of the potential dangers this poses for the victim. Often the victim is the best person to judge his/her own safety. Many hospitals misinterpret the law and feel that all cases must be reported to the police, when there are specific instances in which reporting must occur.

Roadblocks

- A lack of commitment and buy-in by hospital administrations.
- Finding the resources to fund a domestic violence coordinator.
- Lack of hospital staff buy-in to training and identifying domestic violence.
- Missing links between community agency resources and the hospital and changing resources within communities.

The reporting issue roadblocks include the physical condition of the victim in terms of substance abuse and physical injury, the victim's emotional state, others wanting to decide for the victim, confusion with mandatory reporting laws, hospital protocols which mandate reporting, and the victim's fear of reprisal.

Resources

- Family Violence Prevention Fund model protocols.
- The HRSA requirements and guidelines.
- MAG's Safety Plan Brochure and Maricopa Medical Center's Pocket Card.
- Volunteers from shelters and volunteer domestic violence advocates.
- Funding from private foundation and federal and state sources.
- Assistance from the Arizona Department of Health Services.
- Existing efforts and support from American Medical Association and American College of Obstetrics and Gynecology.

Responsible Parties Hospital administrations/Chief Executive Officers, Arizona Hospital Association, Emergency responders.

20

ESTABLISH AND IMPLEMENT PRE-HOSPITAL PROTOCOLS

Emergency services personnel are the first at the scene of a domestic violence incident. Training in domestic violence will assist these personnel to understand the behavior of the victim and the batterer at the scene, and will help them to assess the impact of the violence on children present in the household. Training and protocols will also enable emergency services personnel to screen for and document injuries in a consistent manner.

Recommendation Establish and implement emergency service pre hospital protocols (fire departments and emergency departments)



Key elements:

- Provide annual emergency response training on domestic violence through base hospitals and involve Emergency Department pre-hospital staff (Emergency Medical Technicians, fire departments, ambulance companies) in training
- Essential components of education/training include: power and control/dynamics of domestic violence; criminal justice system response; issues for the victim (safety and involvement in decision making regarding reporting to police, cultural awareness, elder abuse, impact of domestic violence on children, standardized resource materials for victim (shoe card, safety plan, etc.), community and national resources for the batterer, victim and those who want to learn more about domestic violence
- Identify mechanism of injuries and other characteristics consistent with domestic violence
- Communicate to emergency services personnel the importance of documentation which gets forwarded to the hospital and in some cases to prosecutors
- Base hospitals should be the distribution point for information on community resources
- Emergency services personnel (law enforcement, fire departments, EMT services) should carry standardized resource materials for the victims (shoe cards, safety plans, etc.)

Rationale Emergency services personnel, as first responders, have the opportunity to provide information and support to victims of domestic violence, along with medical attention. Knowledge of the dynamics and impacts of domestic violence may assist victims to seek services needed to avoid additional battering. A standard protocol, used by all emergency services personnel, will provide an opportunity for early intervention, create consistency in treatment, give emergency services personnel

essential knowledge of the situation they are facing, and set the tone for further assistance from the systems responding to domestic violence. Emergency services may be the only medical treatment for some victims, so maximizing the time spent with victims is essential.

Roadblocks Ability to incorporate domestic violence into continuing education.

Lack of consistent and standard format for training of emergency response personnel.

Funding for training and coordination with other agencies.

Resources Base hospital resources for emergency medical service providers.

A forum for education exists through the hospital with continuing education requirements.

Federal money for training through Federal STOP grants.

Internet access to existing curricula.

Maricopa County Attorney's Protocol.

Responsible Parties Base Hospitals; Local governments – Fire Departments/Chiefs; and Emergency service companies.

Through the Eyes of a Child



I Hate You

21

PRIVATE PHYSICIAN & CLINIC PROTOCOLS

Domestic violence victims seek routine medical and dental treatment which may be caused by domestic violence. Personnel in these offices should be aware of the prevalence and dynamics of domestic violence in order to screen for its possibility and help patients find the appropriate services. Medical and dental offices are a logical site to conduct routine screening and provide safety planning information.

Recommendation Establish and implement medical/dental clinic and doctor's office protocols

Key elements:

- Provide education/training for physicians, dentists and staff
- Essential components of education/training include: power and control/dynamics of domestic violence; criminal justice system response; issues for the victim (safety and involvement in decision making regarding reporting to police; cultural awareness; elder abuse; impact of domestic violence on children; standardized resource materials for victim (shoe card, safety plan, etc.) community and national resources for the batterer, victim and those who want to learn more about domestic violence
- Provide information to clinics/doctors' offices through creative means such as the Arizona Medical Association (ArMA) web site, or involving drug companies in an information campaign

Rationale As with other recommendations, standardization of protocols is an ideal way to provide essential information and procedures to help safeguard victims and to link them with essential services. Early identification of abuse allows intervention to break the cycle of violence. Standard protocols across medical and dental fields reinforces the fact that domestic violence is a public health issue, and responsibility for intervention is assigned to all personnel.

Roadblocks Physician/dentist buy-in due to perceived lack of time for screenings, unavailability with the issue of domestic violence, and frustration with what to do with victim once identified.

Comprehensive access to clinics, medical/dental offices due to the sheer number of them in the Valley and physician and staff turnover.

Resources Support and resources from drug companies, the American Medical Association, Center for Disease Control and the Arizona Coalition Against Domestic Violence, Health Care Issues Committee.

Responsible Parties Continuing Medical Education, Arizona Medical Association, Physicians/Dentists, American College of Emergency Physicians, American College of Obstetrics and Gynecology, Arizona Department of Health Services.

Quote

"The professions of medicine, nursing, and the health-related social services must come forward and recognize violence as their issue and one that profoundly affects the public health."

Surgeon General C. Everett Koop, 1985.

22

COMPREHENSIVE VICTIM SERVICES

An effective domestic violence response system offers a full spectrum of services to individuals and families impacted by domestic violence. In this system, services are tailored to the unique characteristics and situations of each individual or family, recognizing key aspects of people's lives including culture, language, economic status, and religious influences.

Recommendation Provide an array of culturally diverse and age-appropriate emergency and support services to victims of domestic violence, including those with substance abuse/mental health problems and those who are elderly. Create a program to address the mental health/substance abuse issues impacting many victims of domestic violence.

These services include, but not limited to:

- safety planning
- emergency shelter
- transportation
- case management
- counseling, and support groups
- transition to appropriate housing and other support services such as job training and placement

Rationale An effective crisis intervention and transitional response requires a flexible *continuum* of services which recognizes the individual needs of victims. Each victim requires different kinds of assistance depending upon a host of variables: the strength of her social support system, the number of children she has, how her cultural and/or religious background impacts her decision-making, her type of job skills and experience, access to transportation, age and health status, level of self-esteem, and many other factors.

Regardless of the number of issues that victims are dealing with, in their attempt to live free of violence, the service system should be comprehensive enough to mitigate some of the barriers that victims face. These barriers often take the following form: (1) *Personal barriers* such as shame, fear, lack of personal resources, and lack of emotional support; (2) *Relationship barriers* such as denied access to money, transportation, jobs, and the physical abuse itself; (3) *Institutional barriers* such as immigration policies, cultural insensitivity, a lack of services, discrimination, sexism, and other forms of institutional oppression; and (4) *Cultural barriers* such as language differences, beliefs about marriage and family, gender roles, and religious

beliefs.⁴⁹ By having a full spectrum of services that can be tailored to the needs and situations of individual victims, victims will be better equipped to leave a violent relationship and attain self-sufficiency.

Mental Health/Substance Abuse Program

As discussed in recommendations #4 and #5, current substance abuse and mental health systems ignore or exacerbate situations related to domestic violence. Many domestic violence programs are also untrained in addressing the mental health and substance abuse issues impacting their clients. As a result, victims with such issues receive poor intervention and continue in destructive life patterns. Given the complexity of issues surrounding victims dealing with both of these issues and the differing treatment philosophies of both systems, a specific program geared to address victims in emotional distress or suffering from substance abuse should be created.

Roadblocks Insufficient funding and resources to provide adequate amounts of service across the continuum. This is especially true of resources for the behavioral health needs of domestic violence victims, their children and the abusers.

Lack of community understanding that a variety of services are needed both in the short and long term.

Lack of intervention models which successfully treat mental health/substance abuse and issues related to domestic violence; and lack of training and education of domestic violence in the behavioral health community.

Resources Funders are increasingly receptive to support comprehensive services utilizing “one-stop-shop” approaches and high levels of coordination with multiple service providers. The different fund sources to approach are: federal funds through the Stewart B. McKinney Act, Violence Against Women Act; state funds through the marriage and divorce fees, and general fund; and private resources such as Season for Sharing, local United Ways and community donations.

In terms of a program specific to mental health/substance abuse issues, resources available are the Elizabeth Stone House model, (See Appendix C) as well as local programs in the community, such as the East Valley Addiction Council’s work with domestic violence victims, and the Sojourner Center’s no turn away policy for victims with substance abuse/mental health problems.

Responsible Parties Governor’s Office for Domestic Violence Prevention; Arizona Department of Economic Security; Arizona Department of Health Services; Regional Behavioral Health Authority; Domestic violence shelters and social service providers; Crisis Response Teams; and the Arizona Coalition Against Domestic Violence.

23

INTERVENTIONS FOR CHILDREN AND IMPROVED LINKAGES WITH CHILD PROTECTIVE SERVICES

Current research indicates that the risks to children in battering relationships arise because they often become co-victims (17 to 27 percent); witness the abuse (70-90 percent); and/or model abusive behavior to which they have become exposed (30 percent).⁵⁰ Given these effects it is crucial that all service providers and agencies recognize the impact of domestic violence on children and work collaboratively with other systems to address the needs of children who witness, as well as those who are abused.

Recommendation **Provide services to children affected by domestic violence.**

These services may include, but are not limited to:

- counseling immediately after the crisis situation;
- counseling over a longer period of time to deal with the trauma and results of the violence

Improve/Establish coordination and collaboration between the domestic violence service providers and Child Protective Services (CPS).

This should include, but is not be limited to the:

- Development and implementation of multi disciplinary training programs for both groups

Rationale *Services to Children*

Violence in the home has been proven to have profound negative effects on the emotional and physical development of children. Studies have documented multiple problems among children associated with a child's witnessing assault of one parent by another in the home. These problems include: (1) *psychological and emotional problems* such as aggression, hostility, anxiety, social withdrawal, and depression; (2) *cognitive functioning problems* such as lower verbal and quantitative skills and the development of attitudes supporting the use of violence; and (3) *physical problems* such as delayed motor skills, speech difficulties, and multiple health problems. Services found to be fundamental in the recovery of children who have witnessed or been victims of family violence are: assessment, individual psychotherapy, group therapy, and advocacy for their unique needs. It is also important for the parents to separately attend classes focused on parenting during crisis, empower battered women as mothers, and enhance the batterers abilities to understand and eliminate the effects of violence on their children.⁵¹

Domestic violence and child abuse are also closely related. A recent review of 35 studies show that children are likely to be maltreated in approximately 30 to 60 percent of the families where the mother is a known victim of domestic assault.⁵² As the violence becomes more frequent and severe in the home, children experience a 300 percent increase in physical violence by the batterer.⁵³ At this point many victims choose to leave the violent relationship and seek emergency shelter or help from friends and relatives.

Quote

CHILD AT RISK

A five year old should be talking, but she learned early not to speak.

Her father slapped her mother yesterday for talking back.

She won't make that mistake. She speaks only to her dolls while they hide together in the closet.

Alana Bryant

It is imperative for the problems associated with children who witness or who are victims of family violence to be addressed early on in their development because of the carry over that violence seems to have into their adult life. As adults, children from homes with domestic violence have been found to have higher rates of school drop out, suicide, drug and alcohol abuse, and unemployment.⁵⁴ The violence seems to continue through the generations, as studies show boys who witness their fathers' abuse of their mothers are more likely to inflict severe injury as adults.⁵⁵



Improved Linkages with CPS

The well documented overlap between domestic violence and child abuse calls for coordination and integration among the many complex systems that respond to domestic violence and those focused specifically on protecting the well-being of children. Participants in our planning process report that domestic violence service providers and child welfare agencies such as CPS often work in isolation from each other, missing opportunities to share information on families, develop joint programming, and intervene with at-risk families before they come to the attention of child protection authorities. This lack of cooperation and dialogue is not surprising, nor uncommon given the different historical roots and focuses of both systems. Domestic violence service programs were established by advocates less than 30 years ago in a grassroots movement to protect battered women, while the child welfare system was institutionalized in state government by the turn of the century "anti cruelty to children's movement."⁵⁶ Differences in mission and mandates have caused significant mistrust on both sides, each accusing the other of either failing abused children or battered women.

The National Council of Juvenile and Family Court Judges study of programs offering innovative services to battered mothers and their children highlights programs such as the Jacksonville Community Partnership for the Protection of Children and the

Massachusetts Department of Social Service Domestic Violence Unit. These programs have created a joint system of advocacy that addresses the needs of multiple victims of family violence. (See Appendix B) Some of the innovative efforts resulting from these new partnerships include CPS workers routinely screening for domestic violence, and victim advocates

and CPS staff working in teams to explore options for families. These programs are also involving other human service agencies, schools, and communities in their efforts.⁵⁷

Roadblocks Insufficient resources in the areas of child welfare, mental health and prevention funding.

Overcoming the lack of trust and cooperation between the child welfare and domestic violence service systems.

Lack of training and recognition of domestic violence within child welfare and mental health communities.

Resources Helpful resources in group treatment for high-risk children and adolescents identified as victim-witnesses provided by Peled and Davis, Wolfe, and Roseby and Johnston. All three have developed practitioner manuals to assist in the provision of group treatment programs for children who witness domestic violence.⁵⁸

Existing protocol for interviewing children who have experienced severe forms of acute trauma due to domestic violence developed by Pynoos and Eth. Their methods have been adapted for groups of children and youth who have experienced post-traumatic stress disorder as a result of witnessing violence either at home or on the streets.⁵⁹

Federal funds through the Alcohol, Drug and Mental Health Block Grant, and the Violence Against Women Act. State funds through the marriage and divorce fees, and general fund. Private resources such as Season for Sharing, local United Ways and community donations.

Utilizing the recommendations in the Tucson/Pima County's study, *Taking Stock: How Tucson/Pima County Compares to a State-of-the-Art Domestic Violence System*, in terms of the critical components of Child Protective Services that should be in place in an effective domestic violence system: (1) routine screening to identify families where both woman and child abuse exist; (2) integration of safety for both mothers and children; (3) preserving the mother-child unit (in most cases); (4) designation of domestic violence specialists who works closely with local domestic violence programs; and (5) financial contributions for supervised visitation centers or other gaps in services.

Replicating or modifying the models presented in the National Council of Juvenile and Family Court Judges study of innovative programs linking child protective services and domestic violence service providers referenced above.

Responsible Parties Governor's Office for Domestic Violence Prevention; Arizona Department of Economic Security, Child Protective Services; Arizona Department of Health Services; Regional Behavioral Health Authority; Domestic violence shelters; Local governments; and School social workers.

Quotes

"I tried to stop him, but he pushed me down the stairs."

- 7 year old girl

"At my house, if you don't have a weapon, you're gonna get beat up."

- 10 year old boy

"Sometimes he smacks her in the mouth like he does to me."

- 9 year old girl

When I group up I'm going to get a knife and kill him."

- 8 year old boy

24

CRISIS RESPONSE TEAMS

When the police are called to the scene of a domestic violence incident, there is a critical window of time to obtain the necessary information to prosecute a case, attend to the medical needs of the victims, and link victims and their children with support services. The urgency to act swiftly and efficiently is significant considering the rate of re-assault is at its highest during the first 24 hour period after the police have been called to the scene.⁶⁰

Recommendation Create a better link between social services and emergency services personnel at the scene through the utilization of Crisis Response Teams.

The Teams should include, but are not limited to:

- a victim advocate,
- emergency medical technician (EMT), and a
- police officer

Rationale Having an advocate at the scene with law enforcement has proven effective in helping victims obtain needed social services during the crisis and the critical time period immediately following when the victim is most likely to leave a violent relationship. The team approach allows officers to attend to the criminal justice aspects of the case while the advocate and EMT deal specifically with the medical and social service needs of the victim and her children. On-site assistance by an advocate ensures that victims take the time to consider future steps in the legal proceedings affecting the abuser. Although many believe that victims of domestic violence are less likely to follow-through with prosecution than are victims of serious stranger violence, experience demonstrates that when there is a system of support in place, many are committed to the successful prosecution of batterers as long as this can be achieved in the context of victim safety.⁶¹ Currently, only a handful of city police departments in Maricopa County deploy crisis response teams for calls involving domestic violence.

Roadblocks Willingness of police officers to work with victim advocates and EMTs in a team approach.

Funding for advocates and/or training for volunteer advocates to respond to the crisis scene on an around-the-clock basis.

Resources Current levels of inter-agency cooperation and the experience of established response teams.

Expressed interest among community stakeholders in improving the connections between law enforcement and other components of the domestic violence response system.

Responsible Parties Local governments/police departments, Victim advocate groups, Prosecutors and pre-trial services.

INFO

On average, a domestic violence victim returns to her abuser 6 times before she has the resources to finally break free.

National Coalition Against Domestic Violence

25

VICTIM ADVOCATE AVAILABILITY

In addition to the coordination among agencies, a principal feature of an effective domestic violence response system includes the use of victim advocates throughout the system, especially during the crisis stage when knowledge of the criminal justice process and the services available greatly impact victim safety and batterer accountability.

Recommendation Provide victim advocates at critical stages in the crisis response to provide comprehensive and coordinated advocacy for all domestic violence victims, including follow-up.

An advocate would be available:

- at Protection Order sites,
- in the on-scene response by police departments/fire departments,
- during court proceedings and other interchanges with the criminal justice system,
- in hospitals to assist in ensuring the safety of victims and informing them of possible options, and
- in victim services to advise of options and assist making linkages with shelters and case management.

Other Key Elements:

- Affordable attorney services should be available to victims in both civil and criminal matters. Self-help centers would inform victims of their legal options and educate them about legal procedures and what to expect.

Rationale Many victims find themselves thrust into the legal system while simultaneously seeking emergency shelter and other support services for themselves and their children. Advocates act as guides and sounding boards during these acute crisis situations, providing victims with a better understanding of their options – both legally and in relation to obtaining needed social services.

The importance and value of victim advocates throughout the critical stages of the crisis response was documented in Department of Justice's 1998 study on promising approaches to batterer intervention. This study placed particular emphasis on creating a continuum of supports and protection for victims using victim advocates. It recommended that advocates should be provided to monitor victim safety and to assist victims with the criminal justice system from the time of the assault through trial and/or probation. Furthermore, victim advocates attached to probation units are particularly important in monitoring safety of women whose batterers are sentenced to a batterer program.⁶²

Overall, the study calls for *system-based victim advocates* available at all stages of the criminal justice process in order to:

- establish contact with the victim as quickly as possible,
- explain the criminal justice system to the victim,
- gather evidence for police and prosecutors,
- assist the victim with safety planning and provide service referrals,
- notify victims of key offender events and other potential threats to their safety (such as termination from a batterer program),
- assist probation officers by monitoring batterer compliance with sentencing conditions through victim reports, and
- assist victims to testify in court at trial and probation revocation hearings.⁶³

Affordable Attorney Services

Many domestic violence victims do not have the benefit of legal representation due to modest means. This puts them at a distinct disadvantage in the legal system as they attempt to break free of a violent relationship. What will improve this situation is an increase in local attorneys participating pro bono representation, an infusion of additional resources to reimburse attorneys, and additional training for lawyers without domestic violence expertise.

Roadblocks Insufficient resources.

Resources Include:

- Significant inter-agency coordination among advocates, police/fire departments, probation departments, and legal organizations to ensure that an advocate is available at critical stages.
- A model victim advocate program called *Advocacy for Women and Kids in Emergencies* (AWAKE), a project of the Children's Hospital in Boston, Massachusetts. AWAKE provides advocacy for battered women in conjunction with clinical services for their children within a pediatric setting. (See Appendix B)
- Federal funds through the Violence Against Women Act, and Department of Justice and state funds through the general fund.
- Community Legal Services, Family Law Unit and their Volunteer Lawyers Program provides valuable services to domestic violence victims but the demand for legal services often outweighs the resources available.
- Support from the Bar Foundation.
- The Court Appointed Special Advocates program could provide a model for the development of a program serving domestic violence victims.
- Sojourner Center model for long-term case management which provides victim advocacy.

Responsible Parties Governor's Office for Domestic Violence Prevention, Maricopa County Attorney's Office, Arizona Coalition Against Domestic Violence, Administrative Office of the Courts, Local police/fire departments, prosecutors office and probation department.

26

STANDARDS FOR TRANSITIONAL HOUSING PROGRAMS

Transitional housing programs for victims of domestic violence and their children provide a longer period of time to stabilize families and prepare for self-sufficiency. At the present time, there is little consistency in the programs offered to domestic violence victims in the transitional housing setting.

Recommendation Create standards for the provision of services to victims of domestic violence in transitional housing programs.

The standards should include, but not be limited to:

- Licensure,
- Comprehensive domestic violence programs/support services in place which meet accepted standards,
- Security measures, and
- Domestic violence training for staff

Rationale



When victims complete a shelter program, they often still need time to build skills, independence, and financial resources in an environment such as that offered by transitional housing – where counseling and support is provided before finding permanent affordable housing. This practice frees up shelter beds, reduces recidivism, and creates movement through the continuum of services. In this way, transitional housing programs provide a vital role in the domestic violence response system. Currently, however, there is a lack oversight for transitional housing programs to ensure the quality of service delivery and security of the facilities. In addition, many transitional programs lack appropriate support services for victims of domestic violence. The creation and implementation of standards would provide consistency in the quality of services offered and increase the level of cooperation and trust between emergency and transitional housing providers.

Roadblocks Competition and lack of coordination between shelter and transitional housing providers diminish the use of available resources.

No licensure requirement currently exists to mandate compliance with standards.

Resources Current effort underway by the Arizona Coalition Against Domestic Violence (ACADV) to create standards.

Responsible Parties Arizona Department of Health Services, Arizona Department of Economic Security, Maricopa County, and ACADV could help establish standards, licensure requirements, and certification for case managers.

27

BATTERER INTERVENTION BASED UPON VALID TREATMENT FRAMEWORK AND EXPANDED SERVICES

A domestic violence response system which truly aims to hold offenders accountable and deter re-offense has strong batterer intervention programs, marked by high levels of inter-agency coordination and cooperation between law enforcement, judges, prosecutors, victim advocates, treatment providers, and child protection workers.

Recommendation Establish and implement a treatment framework based on assessment and evaluation.

The framework contains the following critical components:

- Use of reliable and valid assessment instruments, with benchmark scores (e.g., Hudson Scale);
- A lethality scale⁶⁴ such as MOSAIC⁶⁵ to provide information from victims in the assessment of what treatment would be most effective (not relied upon solely to make determination);
- “Treatment matching” to appropriate services based upon assessment.
- Legislation which mandates supervised probation – minimum requirement of one year to a maximum of three years;
- A system to facilitate timely and complete information exchange between police and treatment provider on: the lethality of the incident, status of the victim, and the offender’s full criminal history, including past arrests and convictions for domestic violence, participation in diversion/counseling, and any other pertinent information contained in the police report;
- Coordination between courts, probation departments, and treatment providers to facilitate information exchange and monitoring of offender compliance;
- Use of programs that are approved by Arizona Department of Health Services;
- Culturally diverse and sensitive program staff;
- Sliding fee scale for those who cannot afford even their normal share of the counseling costs; and
- Creation of a research library.

Expanded Services for Offenders in the following areas:

- Counseling that provides individual sessions either along side of or instead of group sessions for those who would benefit more from one-on-one sessions;
- Counseling that uses innovative ideas to include those who need specialized attention such as the drug addicted or severely mentally ill;
- Counseling groups for women offenders and offenders from same-sex relationships;

- Marital counseling, as appropriate after treatment, for those couples who choose to remain together;
- Counseling groups that are ethnically balanced;
- Classes that teach life skills.
- Establishment of an “Offender Drop In Center.”; and
- Institute an aftercare program /relapse prevention - post treatment.

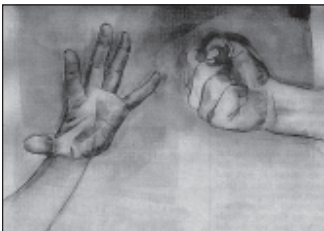
Rationale Current trends in batterer intervention indicate that a “one-size-fits-all approach” cannot accommodate the diverse population of batterers involved in the criminal justice system. Just as some programs that take a stereotypical approach to working with battered women and children, treatment programs that are not sensitive to the particular population and makes consideration for each participant can be equally ineffective.

Quote

“[Batterer] Treatment really begins with the issuance of a restraining order or arrest of domestic violence and continues with successful prosecution and significant, enforced sanctions. Tough monitoring is also necessary.”

Andrew Klein, Chief Probation Officer, Quincy, Massachusetts,
District Court Model Domestic Abuse Program

Recent research shows that batterer intervention programs are unlikely to change offender behavior without the involvement of a coordinated criminal justice response. It is the “combined impact of arrest, incarceration, adjudication, and intensive probation supervision along with a batterer program which will be most effective in preventing future violence.”⁶⁶ The 1998 Department of Justice study on program approaches and criminal justice strategies in batterer intervention highlights two new treatment approaches: (1) interventions tailored to a specific type of batterer based upon risk assessment, psychological factors, or substance abuse history; and (2) interventions designed to enhance program retention and efficacy with special populations dealing with the socio-cultural differences such as poverty, literacy, race, ethnicity, nationality, gender, or sexual orientation.⁶⁷ Given this new research, a treatment framework is needed to ensure that valid assessments can be conducted early on in the criminal justice process so that offenders can be matched with the most appropriate type and level of treatment needed.



Effective treatment matching, however, requires an information exchange between police, prosecutors, judges, and treatment providers which occurs in a timely manner. The DOJ study recommends “*gathering broad-based offender information quickly,*” including previous arrests and convictions (for both domestic violence and other crimes), substance abuse, child welfare contacts, and victim information, so that sentencing and enrollment in the most appropriate batterer intervention program can occur as fast as possible.⁶⁸ Currently, there is no organized system to facilitate this type of information exchange, nor is there an effective database system to provide accurate histories of domestic violence offenders across



jurisdictions in Maricopa County (see Systems Recommendation #34). The lack of information, or failure to obtain complete information about batterers, poses serious implications for both the safety of victims and effectiveness of batterer intervention programs.

Another key criminal justice response which increases the efficacy of batterer intervention programs and victim safety is supervised probation. A growing body of research reveals that supervision and monitoring of offenders are the most effective means of reducing violent re-offense. Violent behavior is inhibited if the targeted individual perceives the risk of punishment for such behavior is swift, severe and certain. The DOJ study refers to “conscientious supervision by criminal justice agencies (including monitoring by pretrial services, the judiciary, and probation officers) as central to criminal justice policy concerning battering and successful cooperation with batterer intervention programs.”⁶⁹ Unfortunately, in Maricopa County when an offender is convicted of a domestic violence misdemeanor, an offender frequently receives a sentence of summary probation, which is probation in name only. Defendants routinely ignore the court’s orders without consequence because no effective mechanism exists to alert the court of noncompliance.

The value of probation officers is their dual function: monitoring offender compliance with court-orders and acting as a point of contact to victims of domestic violence on the status of their abusers. The justification for legislation which provides additional resources for supervised probation stems from its cost effectiveness and proven success. Maricopa County’s specialized Domestic Violence Unit finished 1998 with a less than 2% violent re-offense rate; similar national rates are up to 75%.⁷⁰ Depending on the level of supervision, the cost of supervised probation per day/defendant ranges between \$3 and \$9.⁷¹

In sum, treatment matching based upon valid assessments, increased information sharing and cooperation between the criminal justice departments, and enhanced supervised probation and monitoring of compliance with court-orders provides the basis of an effective treatment framework to hold offenders accountable and deter batterers from continuing to abuse their partners. The expanded services listed in this recommendation will provide more vertical and horizontal treatment for a more diverse population and lessen repeat offenses.

Roadblocks The lack of a shared database to track defendants’ previous offenses across jurisdictions, as well as their compliance with court-orders.

Funding to match assessment with appropriate treatment, supplement client fees, and pay for increased supervised probation.

Currently, state law requires those convicted to pay for their own treatment. This policy severely limits treatment matching and forces a one-size-fits all approach.

The domestic violence response system tendency to focus on victim intervention while putting a secondary emphasis on offender accountability and behavior change.

The high level of inter-agency cooperation and coordination needed.

Understanding existing research and the need for ongoing research on effective batterer treatments.

Significant philosophical differences about the effectiveness and safety of monitoring and treatment services.

There are no agreed upon standards.

Resources The 1999 Arizona Department of Health Services treatment program guidelines could act as basis for the coordination between the courts, probation and treatment providers. Other resources include standards and guidelines adopted by 27 other states and the District of Columbia to govern programs or individuals providing batterer intervention.⁷²

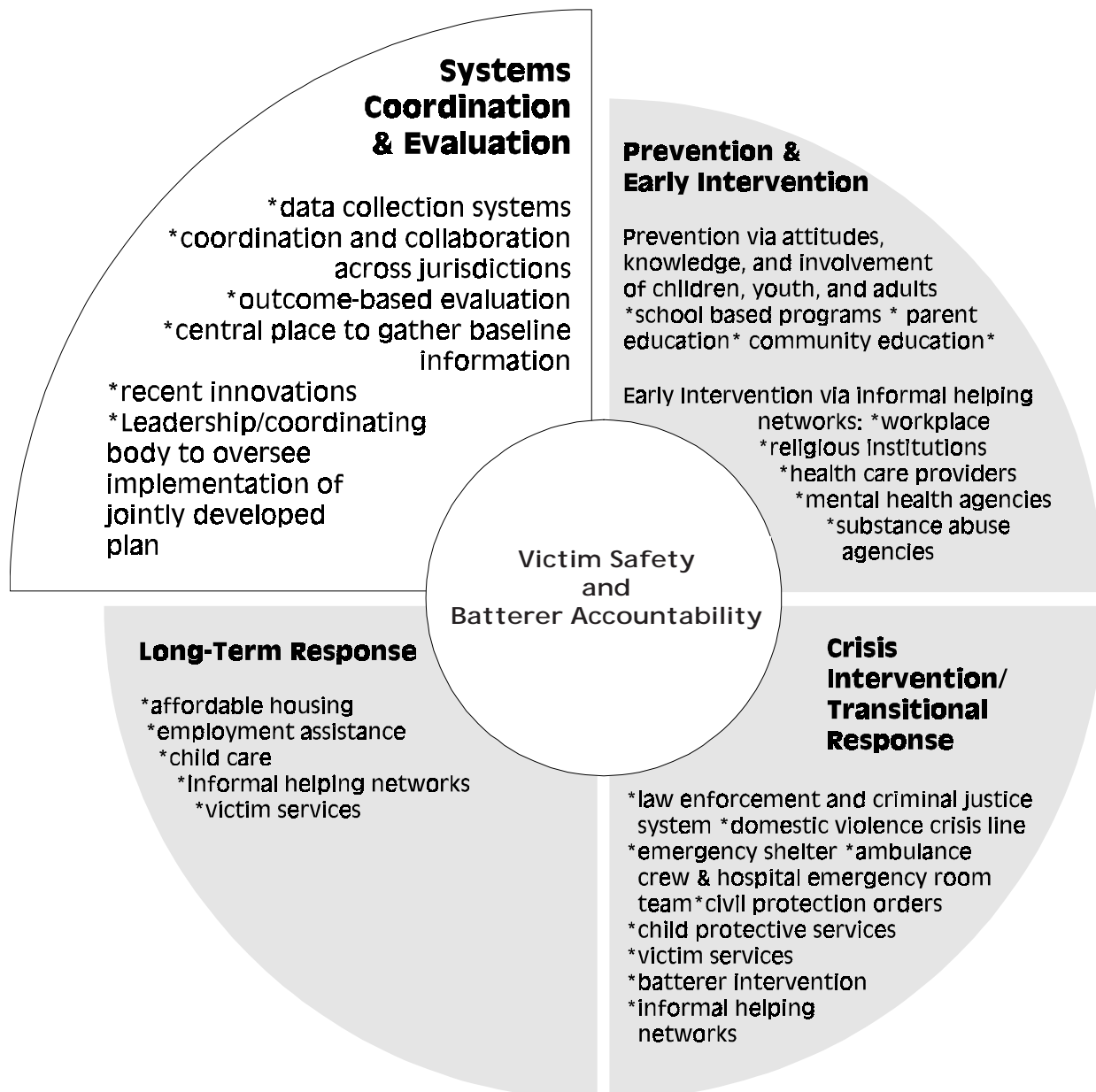
Model batterer intervention programs that have been found effective by the DOJ study, such as *Pittsburgh's Domestic Abuse Counseling Center* (DACC) which features short-term programming with strong criminal justice and community links. An evaluation of DACC by the Centers for Disease Control in 1994, found that program participants were nonviolent for at least six months following the program, and half the victims reported feeling "very safe" at the six-month follow-up.⁷³

Current efforts by the Committee on the Impact of Domestic Violence and the Courts and other community stakeholders to improve data collection and sharing of information on offenders throughout Arizona.

The expertise of multiple treatment providers in the Valley who welcome better collaboration with the criminal justice system.

Responsible Parties Coordinated effort between police, courts, probation departments, treatment providers, and prosecutor programs would be required: courts and prosecutors responsible for consequences when charged and returned to Court when failing to comply; treatment programs responsible for assessment tools and coordination between programs; police responsible for warrants served.

Systems Coordination and Evaluation



28

CITY-BASED REGIONAL ACTION TEAMS

The response to domestic violence at the city-level fall in many different areas, and changes in one system often unknowingly impact other systems. An established, formal interdisciplinary action team allows all parts of the system to work together to provide seamless, effective services to ensure the safety of victims and accountability of offenders.

Recommendation Establish and implement city-based or regional interdisciplinary domestic violence action teams, composed of all those relevant disciplines which effect domestic violence, such as a:

- family violence specialist
- domestic violence detective
- victim advocate
- domestic violence prosecutor
- advocate from the prosecutor's office
- judge
- probation officer
- representative from a domestic violence shelter
- social services staff, and
- other representatives as deemed appropriate by the community

Key Elements:

- Suggest that rural areas develop local teams sub-regionally if appropriate and utilize existing efforts/resources of Governor's Office Rural Domestic Violence Initiative. In some areas of the Valley, a regional team may make the most sense, allowing small jurisdictions to coordinate with services which may be located in adjoining towns
- Teams would provide an annual or semi-annual progress report to their respective City Council

Rationale A well-integrated domestic violence system requires both local and regional level coordination among top-level community leadership. The internal domestic violence teams in the cities of Tempe, Phoenix, and Scottsdale offer a model for how cities can address domestic violence in a systematic and coordinated fashion. Regular inter-discipline communication on policy changes and system/program problems has enhanced these cities' ability to effectively respond to domestic violence.

This team approach provides:

- Clarity and focus among leadership on improving their city's (or cities) domestic violence response,
- Increased accountability for different components of the system, and
- A forum for a professional exchange of good ideas.

Roadblocks Municipal leadership buy-in and a willingness to commit staff time.

Personnel limitations for smaller jurisdictions.

Resources Historical compartmentalization of the different systems which respond to domestic violence which may contribute to resistance to participate from some of the parties.

Tempe, Phoenix and Scottsdale all have different forms of interdisciplinary teams already in place which can be used as models for other jurisdictions. For example, Tempe's team is composed of the Police Chief, Deputy City Manager, Manager of Social Services, Prosecutor, and the City Attorney. The team meets monthly to review problems, share successes, and identify additional ways to improve coordination efforts.

Staff of local jurisdictions interested and committed to the issue of domestic violence.

Responsible Parties Local governments, City Managers Offices, Maricopa County Attorney's Office.

Quote

"Although the problem is overwhelming, finding solutions is not. We know, for example, that in those communities where a coordinated criminal justice response in place, where the police, probation officers, prosecutors, and judges hold offenders accountable and protect victims, fewer women and children die."

Susan Schechter & Lisa Mihaly, from [Ending Violence Against Women and Children in Massachusetts Families](#)

29

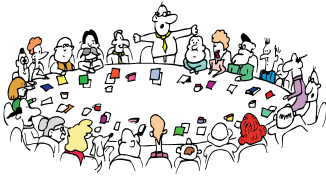
REGIONAL COORDINATING COUNCIL

While individual organizations and systems can do much to improve their responses to domestic violence, sustained progress occurs when representatives from all relevant groups come together to develop a coordinated community response. Such efforts lead to ongoing education about the problem and promote a sense of community ownership and responsibility for change.⁷⁴

Recommendation Establish a Regional Coordinating Council on Domestic Violence

Key Elements:

- Membership: Representatives from the County Attorney's Office, Maricopa County Department of Public Health, Arizona Coalition Against Domestic Violence, local governments, business representatives, appointees from other disciplines identified in the Plan, and others as designated
- **Paid staff** is essential for the effective implementation of this recommendation



Purpose & Roles:

- Oversee the implementation and evaluation of the MAG Regional Domestic Violence Plan
- Prioritize the recommendations in the Plan
- Set system-specific *benchmarks* to evaluate effectiveness of the regional and system-wide response to domestic violence over the long-term
- Regular professional exchange of good ideas; and recommend system or program improvements
- Establish lead responsibility in educating State legislature about domestic violence policy, funding, and program issues
- Link with Tucson/Pima County and Yavapai County Domestic Violence Commissions to address statewide issues
- Provide annual progress reports to the MAG Regional Council
- Develop a domestic violence web site and publish all the domestic violence committees or efforts underway focused on coordinated community response. (Include meeting schedule, status/focus of the group, and committee membership - jurisdictions and departments)

Quote

"If we continue to operate in a piecemeal and uncoordinated way, the result will be measurable: more women and children will be hurt."

Susan Schechter & Lisa Mihaly, from [Ending Violence Against Women and Children in Massachusetts Families](#)

Rationale There are many independent initiatives currently underway across the county with a coordinated community response focus. However, without sustained leadership at the top level and system/region-wide representation and accountability, the various agencies/systems who have a stake in domestic violence activities will continue to act independently and produce a fragmented and inefficient response to the problem. To ensure that a comprehensive and effective regional response exists, one broad-based entity is needed to oversee the overall coordination and evaluation of the system.

The overall benefits of developing a Regional Coordinating Council are:

- Greater communication across systems dealing with domestic violence,
- Identify opportunities to collaborate in new ways and share best practices, and
- Reduce duplication of efforts across the county by merging other task forces and initiatives with the same goals.

As a forum through which the community can take ownership of the problem of domestic violence, a coordinating council is also the vehicle to move the service response from crisis management to prevention.⁷⁵

Roadblocks The biggest challenges facing the success of coordinating councils identified by experts across the nation are: (1) differences in beliefs about the nature of domestic violence; (2) professional barriers caused by differences in terminology, ethics or philosophical approaches, lack of motivation, or turf issues; (3) cultural barriers inherent in communities and systems; and (4) lack of agreement about the goals of intervention.⁷⁶

Top leadership buy-in and participation.

Difficulty in mobilizing groups not traditionally active in domestic violence issues, i.e., faith-based groups and the business community.

Resources MAG Regional Council support/endorsement and local government participation.

Expertise and experience of existing committees and task forces.

Local business support.

National models on Coordinated Community Councils focused on domestic violence, i.e., Kentucky's *Model Protocol for Local Coordinating Councils on Domestic Violence*.

Responsible Parties MAG – initially, Arizona Coalition Against Domestic Violence

Quote

No matter where a victim of domestic violence first seeks help, the same system of services and protections should be set in motion, and that system should be well coordinated to maximize effectiveness and conserve limited resources.

Kentucky Governor's Council on Domestic Violence:
[Model Protocol for Local Coordinating Councils on Domestic Violence](#)

30

DOMESTIC VIOLENCE WEB SITE

Quick and easy information sharing across multiple disciplines is critical to the success of a coordinated community response to domestic violence. A web site represents one tool within a community awareness strategy to increase public recognition that domestic violence is unacceptable and that all individuals in a community can take steps to prevent it.

Recommendation **Develop a web site which lists available social services for domestic violence victims, and existing prevention programs including curriculum, potential funding sources, and contact person(s)**

Key Elements:

- Include links to other domestic violence initiatives and organizations, CONTACTS, the national hotline, and other resources
- Request that other agencies such as Maricopa County, Arizona Community Action Association, City of Phoenix, and others add the domestic violence web site as a link to their sites

Rationale There are many services to assist domestic violence victims available in the community, not to mention numerous prevention programs in schools and family resource centers. Information about these services and programs are not available in a single place to assist people in crisis or organizations responding to domestic violence. Today's technology allows establishing an Internet site or linking to an existing site with relative ease. Information could be added and updated continuously. A domestic violence web site will increase community knowledge and awareness about domestic violence.

Roadblocks Obtaining the resources (funding & staff) so that an organization could take responsibility for creating/updating the web site and ensuring the information is accurate and current.

Coordination of the effort and ensuring the appropriate information is included and updated on a continual basis.

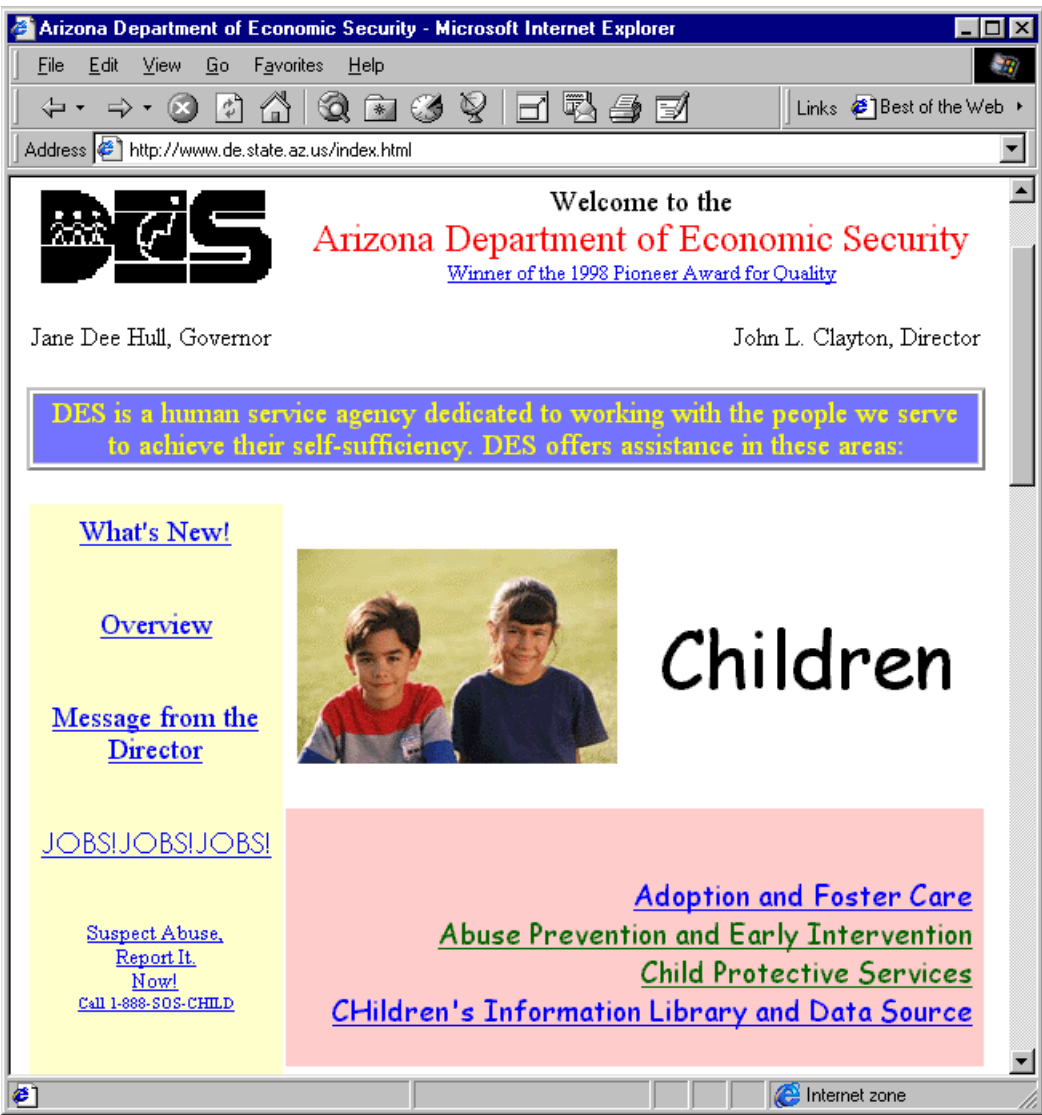
Resources Public and private funding, and local government resources.

Existing Community Information and Referral web site that could be used to house the domestic violence information.

State government web site for hot links to new web site.

Responsible Parties MAG in partnership with the Governor's Office for Domestic Violence Prevention, Arizona Coalition Against Domestic Violence, and Community Information and Referral.

A page from the State of Arizona's Web Site



31

COLLABORATIVE TRAINING NETWORK

The staff and volunteers comprising every element of the domestic violence system must have the necessary knowledge and skills to effectively carry out their assigned areas of responsibility and to interface with other disciplines doing domestic violence work.

Recommendation Develop and implement a Collaborative Training Network which would:

- 1) Promote cross training,
- 2) Develop standards and best practices for training, and,
- 3) Coordinate how training occurs across and within multiple disciplines (law enforcement, court system, medical community, social services, child protective services, child care providers, informal helping networks)

Rationale There is a lack of consistency and standardization in training across systems and disciplines. For example, it is not an uncommon occurrence for a group to create new curriculum and implement a training program that has already been developed and proven successful. A system-wide collaborative training network is needed to organize the training that occurs in the County to decrease the duplication of resources that now occurs, ensure the quality of training available, and to more efficiently utilize funding sources.

Roadblocks Obtaining funding and overcoming existing turf issues among different organizations.

Significant coordination is needed to successfully implement this recommendation.

Reaching agreement on core curriculum for all disciplines.

Staff time needed for participants to spend at training.

Resources Successful cross/team training that has already taken place:

- Arizona Coalition Against Domestic Violence (ACADV) with Phoenix Police Department;
- Phoenix Police Department with the medical community; and
- Legal Advocacy Center with Victim Witness Programs.

Staff and training resources of the ACADV.

Availability of training materials developed in other communities and at the national level.

Available experts in the field and a Speakers Bureau.

Responsible Parties Phoenix Task Force on Domestic Violence – Victim Services Committee; Arizona Coalition Against Domestic Violence; Mesa Community College; and other groups involved in domestic violence training.

Through the Eyes of a Child



Untitled

32

DATA COLLECTION ON VICTIM SERVICES

Accurate information on service utilization and program outcomes is needed to make quality improvements and to identify where services should be targeted.

Recommendation Expand the victim service database currently collected by the Department of Economic Security to include other victim service providers besides shelters

Key Elements:

- Data collection done in aggregate form, not client specific to ensure victim safety
- Improve/standardized data collection process among social service agencies
- Service providers conduct input
- State agencies and advocate organizations can access system
- The system would also track batterers

Rationale Currently, shelter providers collect data on victim demographics and service provision and report it to the Department of Economic Security. Many other agencies provide services to victims that is not captured in this data. By expanding the number of participating agencies, a better picture of the population, service utilization, and program outcomes will be gained.

Roadblocks Confidentiality issues and financial constraints may be a barrier in implementing this recommendation.

Resources The existing data collection conducted by the Arizona Department of Economic Security, as well as the assistance and expertise of the Arizona Department of Health Services, and University of Arizona.

Responsible Parties Arizona Department of Economic Security, Arizona Department of Health Services, University of Arizona, and other State agencies.

33

EXPANDING THE CONTACS SYSTEM

Permanent affordable housing provides the key to preventing victims from having to choose between returning to a violent relationship or becoming homeless. Utilizing technological advances in computer networking to access data on current housing availability can assist domestic violence and homeless programs to provide services more effectively.

Recommendation **Expand the CONTACS system to include a computerized resource notebook of transitional and affordable housing sources and eligibility criteria**

Rationale Information on transitional housing programs and affordable housing needs to be more widely disbursed to individuals trying to break free from violent relationships. This information would compliment the existing service provided by the Community Network for Accessing Shelter program (CONTACS). This program is a 24-hour, seven days a week, countywide call center operated by Community Information and Referral, that provides information about emergency shelters and transitional housing bed availability for homeless people, including victims of domestic violence. It is connected to more than 50 agencies that provide up-to-date bed availability counts daily.

Roadblocks Funding constraints and keeping the notebook updated will present challenges to implementation.

Resources The existing software utilized by CONTACS.

Responsible Parties City of Phoenix – CONTACS program.

34

COORDINATED DATA COLLECTION AND INFORMATION SHARING ON OFFENDERS

To truly hold offenders accountable, the criminal justice system — police officers, prosecutors, and judges alike — must respond swiftly and sternly using all the information available to enforce arrest policies, Orders of Protection, and to determine appropriate sentencing and/or treatment.

Recommendation **Implement a coordinated data collection and retrieval system in order to hold offenders accountable**

Key Elements:

- Utilize Arizona Criminal Justice Information System (ACJIS) to access consistent, region wide information on domestic violence offenders' prior convictions, pending charges and completion of diversion programs
- All police departments would consistently report and code domestic violence offenses according to state statute
- Utilize the federal National Crime Information Center (NCIC) to determine whether there are Orders of Protection in place
- Ideally, additional information would be available to police officers to let them know more of the information needed to determine lethality conditions at time of response to a domestic violence call
- Training will be needed for police departments on how to conduct a lethality assessment
- This information would be available to police officers, prosecutors, courts and criminal justice system advocates for local, state and national information
- MAG member agencies work on technology implementation with technical staff from local agencies, state departments, and cities

Rationale Consistent data collection and reporting, and information sharing across jurisdictions are critical to batterer accountability and victim safety. During the planning process, participants identified problems with data collection that all too often enable batterers to experience lenient criminal justice consequences. Law enforcement personnel report that the system of data collection and the specific information collected varies from jurisdiction to jurisdiction. The 1998 State STOP Plan also highlights that Arizona lacks accurate statistics on Orders of Protection violations, plea bargains, number of defendants appearing in court, guilty pleas, the actual number of convictions, and the number of defendants repeating their violent behavior.⁷⁷ The STOP Plan calls for the development of a Statewide Data Collection System to track the number of filings, time from date of filing until disposition, and actual disposition of filings.⁷⁸

The actions of the criminal justice system are pivotal in sending a clear and compelling message to perpetrators, the public, and actors within the justice system that domestic violence is a serious crime that will not be tolerated.⁷⁹

As such, technology issues related to data collection and reporting should work *for* an effective criminal justice response to domestic violence, not against it.

- Roadblocks** The following are local government issues that need to be addressed to facilitate the implementation of this recommendation:
- Gathering and coding data in a consistent format. For example, some police officers often code domestic violence calls as assault, with no link to domestic violence. Data is therefore inaccurate and acts as a barrier to effective consequences. More consistent definitions need to be developed and utilized across jurisdictions.
 - Misdemeanors are missing or under reported.
 - Some cities who have not entered agreements with NCIC cannot access their data directly.
 - Not all jurisdictions are following the Maricopa County Protocol.
 - Courts do not always enter diversion information; a new data field may be needed.
 - There is no mandate to enter Orders of Protection into NCIC.
 - There is a significant backlog of cases to be entered in Sheriff's Department, which has received funding for this task.
 - Lack of accessibility to database for those outside of the criminal justice system.
 - Adequate staff resources necessary to enter data.
 - There is no single entity with the enforcement authority to ensure consistency in data collection and reporting throughout the region.

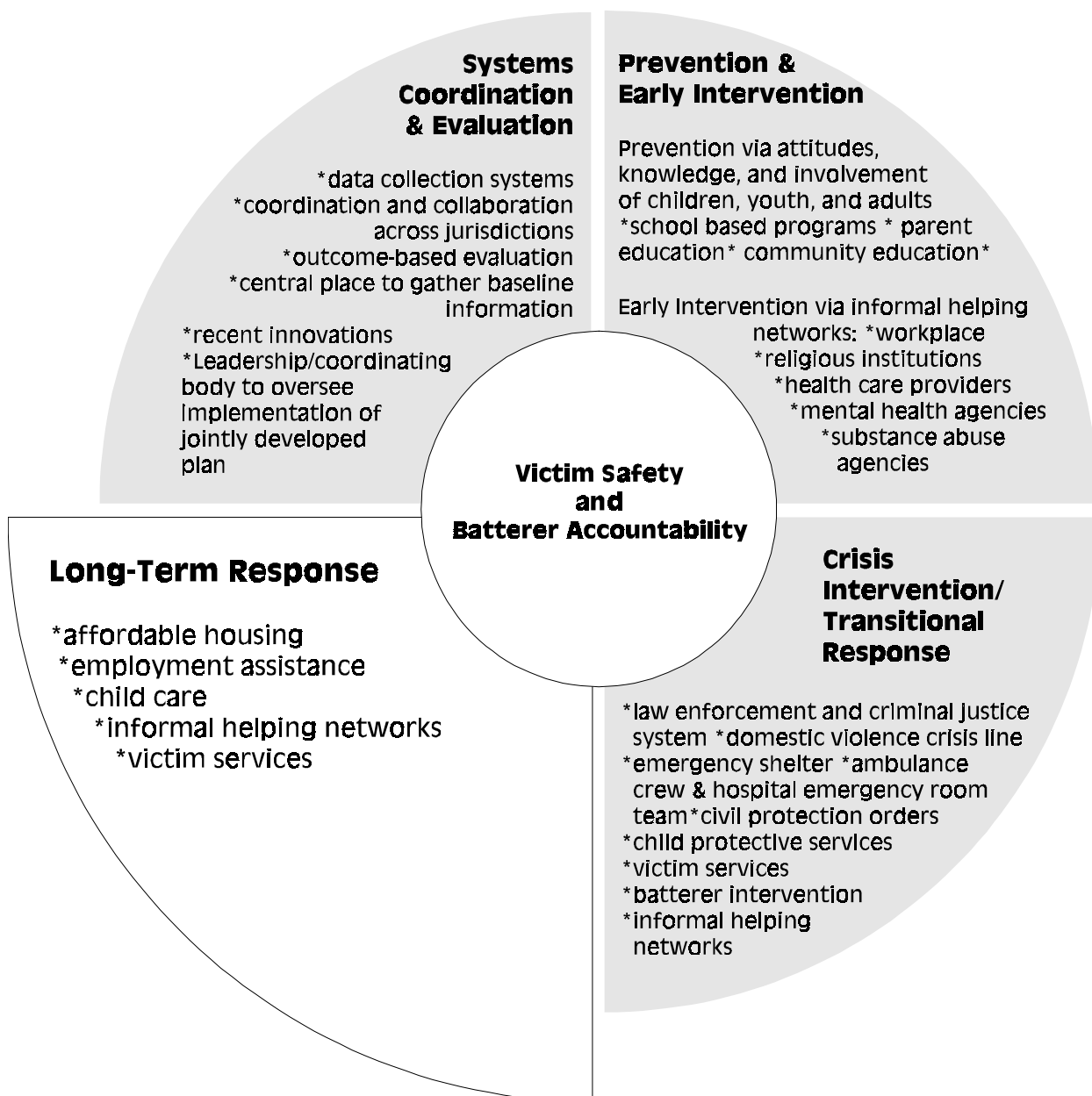
Problems with data collection, reporting, and information-sharing on domestic violence are experienced statewide and will eventually need to be addressed at a statewide level.

- Resources** Existing programs which can be used by local police departments to automatically search the local and national data systems to determine whether the person under arrest has current or prior domestic violence related occurrences. For example, the Phoenix, Glendale, Scottsdale, and Tempe Police Departments use the PACE program or can access it through other means.

Nationally, thirty-six states either have or are in the process of creating statewide registries to track domestic violence restraining order/protective orders. Many registries are modeled after the Massachusetts' effort that led to the most comprehensive registry in the nation.⁸⁰ (See Appendix D for a brief overview on statewide registries and 11 standards to consider when developing a statewide registry)

- Responsible Parties**
- The Administrative Office of the Court's Committee on the Impact of Domestic Violence on the Courts (CIDVIC) and MAG.
 - Technical staff who need to be involved in this effort are: the Arizona
 - Department of Public Safety; Local law enforcement; Local courts; and the Sheriff's Department.

Long Term Response



35

CHILD CARE FOR DOMESTIC VIOLENCE VICTIMS

Accessible, affordable and safe child care with staff that understand the stresses related to leaving a violent relationship is key to the long-term safety and self-sufficiency of victims and their children.

- Recommendation** Increase access to safe and affordable child care for victims through the following means:
- Establish on-site child care in shelters and court buildings
 - Obtain higher levels of child care assistance (subsidies) for low-income families
 - Increase information sharing regarding existing child care resources and services

Rationale In their efforts to successfully leave a violent relationship, domestic violence victims must take action on a number of complex and time-consuming legal, medical, and financial issues. There are many important matters requiring attention including: court proceedings, doctor's appointments, job interviews, counseling sessions, and housing searches. To conduct these matters, victims need to be assured that their children are in safe and understanding child care settings where they benefit from interacting with nonviolent adults, have fun with other children, and reach the developmental milestones that contribute to becoming healthy young adults. Child care facilities housed in court buildings and shelters provide accessible and safe child care for women who are reluctant to leave children in a place where the abuser may have access to them.



Over the last decade, courts around the nation have become sensitive to the safety and child care needs of families while they attend courthouse business by offering “child waiting rooms.” The intent of these free drop-in child care centers is to keep children from witnessing and becoming involved in adult court matters that are potentially harmful and can result in long-term traumatic outcomes. In a 1995 study of court systems, 18 jurisdictions were found to have designed some type of child care program.⁸¹ The study found that a range of models exist in relation to program capacity, operation, and funding. (See Appendix E for Key Features of Court-based Child Care). In many of the programs, services are offered to any child visiting the court, giving priority service to children whose parents are conducting business involving domestic violence. A unique aspect of court-based child care is that it brings together two very disparate professional systems – the judiciary and the social service system – offering integrated services that benefits both the courts and families.⁸²

Similar to the safety advantages of courthouse child care, there is a benefit in shelter-based child care, as the consistency and familiarity in staff and setting provides a safe and healthy environment to children.

Increased subsidies will allow families impacted by domestic violence to have more options in terms of choosing the type of child care they prefer, while at the same time alleviating some of the financial hardships associated with purchasing child care services. Also increased access to information on child care will enable victims to make use of existing child care resources in the community.

Roadblocks There are significant start-up costs and liability issues which make it difficult, but not impossible, to establish child care in shelters and court buildings.

Increased subsidies for child care is dependent on federal and state appropriations. In addition, the current state programmatic eligibility may be too restrictive for domestic violence victims. A strong legislative advocacy effort would be needed to increase state/federal child care funds.

There would be minimal roadblocks to increasing the information sharing of existing child care resources and services as the Child Care Information and Referral system has already been established and proven effective. The specific strategies for enhancing information sharing would need to be developed.

Resources The Sojourner Center and La Mesita Family Shelter have the only shelter-based child care programs in the Valley. These child care centers serve as a model for other potential shelter-based programs. Existing model courthouse programs could provide valuable information on establishing a local program, including: The Children's Waiting Room in Spokane County and King County, Washington; the Roxbury District Court and Hampden Court Complex in Massachusetts; the Lake County Kids Korner, in Waukegan, Illinois; and the Mario Olmos Children's Waiting Room in Fresno, California. Access to funds such as the STOP grant dollars at the state level, as well as other federal, local, or private sources of funding may be available for these purposes.

A helpful resource providing guidelines for the development of child care centers in courthouses is *Granting Children a Court Recess: A Program Operations Manual for Child Care in the Courts* developed by the Center for the Study of Social Policy.

In terms of resources for increased information sharing, the Department of Economic Security – Child Care Administration and Child Care Resource and Referral have the staff and expertise to contribute to this effort.

Responsible Parties Court and Shelter-based child care: Domestic violence shelters, Courts; DES/CCA, Local governments, Maricopa County, Child care providers.

Higher level subsidies: State Legislature; Child welfare/domestic violence advocates; Arizona Coalition Against Domestic violence; and other community groups.

Information-sharing: Department of Economic Security Child Care Administration and Child Care Resource and Referral; Domestic violence shelters and Child care providers.

36

LONG-TERM CASE MANAGEMENT

Many domestic violence victims require long-term assistance in establishing a new, violence-free lifestyle for themselves and their children. The system must offer a well coordinated and a broad-based continuum of services to assist these victims in their quest for safety, independence and self-sufficiency.

Recommendation Institute a comprehensive long-term case management system for victims consisting of a continuum of services which assists the victim through the emergency, transitional, and long-term stages

Rationale To effectively address the long-term effects of domestic violence on victims and their children, a *continuum* of services must be available over a sustained period of time. A continuum of service approach recognizes that success for victims not only means addressing emergency and transitional issues such as shelter, food, legal services, medical care, job training and placement, but also essential life skills and social supports that will empower them to fully integrate into community life, remain free from violent relationships, and become self-sufficient. Case management provides critical resources in the ongoing support to victims after the immediate crisis subsides.



The Sojourner Center has implemented a long-term case management program targeting individuals who are preparing to leave a shelter program, participating in a supportive living program, or involved in their outpatient program. These survivors work with a case manager or participate in group sessions on a weekly basis for up to two years. The program services include advocacy, emotional support, resource identification and referral, education and activity groups, and life skills development. Participant objectives include obtaining knowledge of community resources and how to access them, budget and time management, meal planning and preparation, effective decision-making, developing a healthy social support system, and identification of personal/career goals.⁸³ This model case management program emphasizes the need to take a holistic and individualized approach to effectively and systematically deal with the ramifications of domestic violence over the long-term.

Roadblocks There is a general lack of understanding and education among service providers of the long-term social, emotional, economic, and legal effects of domestic violence on victims. This often results in the creation and support of services that are intermittent and single-issue focused.

Also, it is difficult for providers to obtain funding and maintain the high level of coordination with other service providers that is necessary to provide long-term case management.

Resources Existing model programs such as the Sojourner Center, as well as the City of Phoenix Prosecutor's Office Domestic Violence Program, and the Domestic Violence Legal Advocacy Program.

Social Services Block Grant case management dollars.

Responsible Parties Social service providers, Funders, and MAG (strongly encourage agencies to invest dollars in long-term case management programs).

Quote

I crawled out of our home on my hands and knees. And--once I escaped the raging fists of my good-looking, charming husband— I thought life would be so much better, easier. But I was a broken person, faced with rebuilding my broken world. My two children, ages four and five, were traumatized. They've seen their dad with a gun in his hand, their mommy all bloody and crooked. I didn't know how to help them, much less how to help me...

Nina Smith, from her book, [Look on My Face](#)

37

SUPERVISED VISITATION CENTERS

Court-ordered visitation and custody exchanges pose particular dangers for survivors of domestic violence and their children. This safety concern is very real given the fact that a great deal of harassment and abuse appears to continue after separation and the risk for homicide is greater for victims estranged from their partners than for those still living with them.⁸⁴

Recommendation Implement supervised visitation centers to ensure safety of the women and children involved in custody exchanges. Potential locales include:

- Court buildings
- Churches
- Community-based organizations
- Family service centers

Rationale Dealing with visitation issues has been identified as a service gap in Maricopa County's domestic violence system. Currently, there are no free supervised visitation programs in the County to meet the great demand for this service. Without such programs, parents are forced to make an untenable choice between placing themselves and their children in a situation to experience additional abuse or being found in contempt of court. That choice is caused by court-ordered visitation requiring victims to have regular contact with their batterers in order for child visitation and custody exchanges to occur.



Each day, judges who consider visitation arrangements for families, where one parent has battered the other parent, must decide how best to facilitate parent-child access while ensuring the safety of vulnerable parents and children. The positive outcomes and high demand levels of model programs around the nation indicate that supervised visitation centers provide an invaluable option to the courts and a crucial service for families.⁸⁵

Ultimately, the expansion of supervised visitation throughout Maricopa County will increase family safety by preventing further traumatization of children and abused parents, and effectively engage community stakeholders such as faith-based groups and nonprofit agencies into the coordinated community response to domestic violence.

Quote

"We are like air traffic controllers, not watching a screen, but constantly observing thousands of real-life human behaviors and interactions, waiting, watching, waiting..."

Director, YWCA Visitation Center, YWCA of Western Massachusetts

Roadblocks It is often difficult to develop a physical layout that promotes both security and a child-friendly atmosphere.⁸⁶ Other challenges in establishing supervised visitation centers deal with securing the start-up and operating costs to run the facility, location and liability issues, and difficulties in recruiting bilingual staff and volunteers.

Resources Model programs around the country such as one of the first developed by the Domestic Abuse Intervention Project of Duluth, Minnesota,⁸⁷ as well as a newer program started by the YWCA of Western Massachusetts called the YWCA Visitation Center (See Appendix B).

Willingness of entities such as DES/Child Protective Services, area family service centers, churches, community-based organizations, and community action agencies to take part in a supervised visitation program.

Technical assistance and resources provided by the Supervised Visitation Network.⁸⁸

Responsible Parties Department of Economic Security, Child Protective Services; Family service centers; Faith-based groups; and interested Community-based organizations.

Quote

"It gives me peace of mind to know that my kids are safe. He can't just take them. He can't hit them."

Client quote, YWCA Visitation Center, Massachusetts

38

AFFORDABLE HOUSING

With the lack of affordable, available units and inadequate income, domestic violence victims and their children are often forced to return to their abusers, become homeless, or pay for substandard housing at the expense of other basic necessities. The availability of affordable permanent housing is integral in helping victims of domestic violence move from crisis situations to long-term sustainability and independence.

Recommendation Increase the amount of permanent affordable housing

Rationale



Emergency and transitional shelter providers consistently report that housing is a major component in the continuum of services that creates a backlog in the number of people stuck in the crisis and transitional stages of responding to issues of domestic violence. Without viable housing alternatives, the cycle of violence starts all over again when victims return home. If they do not return home, some women and children turn to homeless shelters to escape their violent situations. Studies from around the country, reported by the National Coalition for the Homeless, reflect that between 25-30% of homeless women with children are victims of domestic violence.⁸⁹

The supply of decent affordable housing, especially for large families, needs to be increased so that victims can leave shelters and transitional housing programs and enter permanent housing. A recent Uniform Family Violence Report for Maricopa County, produced by the Arizona Department of Economic Security, indicates 39 percent of the women leaving emergency or transitional domestic violence shelters require assistance in obtaining affordable permanent housing. These households, now headed by a single female, are likely to have very low incomes and be at risk of homelessness. The Arizona Community Action Agency's report on poverty, published in 1995, indicated 33.5 percent of families headed by females in Maricopa County live in poverty. And when a single female parent has a child less than five years of age, 50% of these families lives in poverty. The Maricopa County Continuum of Care Gaps Analysis conducted in 1998, estimated that at least 452 affordable permanent housing units are needed each year for victims of domestic violence who are exiting emergency or transitional housing programs.

Roadblocks

There is a severe lack of affordable housing (permanent and rental) in Maricopa County and across the state. Moreover, problems related to affordable housing are not unique to domestic violence victims. Lower income, individuals and families,

especially those dealing with other issues such as serious mental illness, disabilities, HIV, and substance abuse, are also facing the same housing challenges, living in overcrowded or substandard settings or on the streets.⁹⁰

Resources More existing Federal funding could be devoted to affordable housing if the State funded more housing for the chronically mentally ill.

State Housing Trust Fund.

Responsible Parties State Legislature.

39

ENGAGING INFORMAL HELPING NETWORKS

Many victims of domestic violence reach out first to those close to them – friends, family and neighbors. These informal helping networks must be able to recognize early indications of domestic violence, communicate abuse is not acceptable, and offer appropriate assistance.

Recommendation Mobilize neighborhood and tenant homeowner associations to become involved in the area of domestic violence

Rationale



A growing body of experience has revealed the importance of enlisting neighborhood residents and other types of “informal helping networks” in responding to families suffering from domestic violence. Studies show that victims often seek help from their informal support networks including relatives, friends, and neighbors.⁹¹ Communities are developing innovative approaches for neighbors and friends to reach out to families impacted by domestic violence, including:

- designing neighborhood-based public education efforts which challenge the belief that domestic violence is a “private” family matter and that neighbors and friends have no right to interfere; and
- joining with social service providers to provide outreach and prevention-education services and support offered in places where families “live their lives.”⁹²

Potential benefits of enlisting neighborhood and tenant homeowner associations into domestic violence efforts are: enhancing public awareness about domestic violence; increasing the safety of current residents who are victims; and preventing victims from becoming homeless in the event they choose to leave their abusers.

A significant amount of outreach and coordination would be needed to access and mobilize neighborhood and tenant-based groups.

Roadblocks The experience of the Jacksonville Community Partnership for the Protection of Children involving neighborhood and tenant associations in prevention and intervention efforts.⁹³ (See Appendix B)

Resources Resources and efforts of local jurisdictions – Neighborhood Assistance Departments; the Arizona Multi Housing Association; Tenant’s Association; Mobile Home Parks Association; Mobile Home Owners Association; Real Estate Associations; and the Arizona Association of Mortgage Brokers.

Responsible Parties Local governments – Neighborhood and Community Assistance Departments.

Long Term Response

40

EDUCATION ON THE ROLE OF INFORMAL HELPING NETWORKS

The manner in which family, friends, and neighbors respond to victims who turn to them for help can have a powerful impact on their lives. Positive and supportive responses hinge upon having the correct knowledge about the most effective ways of helping.

Recommendation Create a companion brochure to the MAG Domestic Violence Safety Plan focused on the role of informal helping networks in responding to domestic violence

Rationale Public awareness and education needs to occur to inform people on the ways informal helping networks can address domestic violence in our community. More friends and neighbors will come to the aid of victims if they are prepared to take on the role of helper.

If a friend or family member attempts to be a *rescuer* and/or holds misconceptions about domestic violence, the safety of both the victim and the person trying to help could be jeopardized. It is critical, then, for friends, family, and neighbors to receive education on the importance and roles of informal helping networks in responding to domestic violence.

Roadblocks Securing the funding for developing, printing and disseminating the brochure.

Resources Existing education efforts and support from the Governor's Office for Domestic Violence Prevention.

Potential use of Arizona Community Action Association's People's Yellow Pages and Maricopa County's People's Resource Kit (PERK) as a means for disseminating the brochure.

Responsible Parties Governor's Office for Domestic Violence Prevention, The Volunteer Center, Local United Ways, Local governments - Neighborhood and Community Assistance Departments.

INFO

Studies on help seeking behavior indicate that perhaps only 10% of people request assistance from professional helpers, whereas 90% seek help from informal sources such as family, friends, and neighbors.

Tucson/Pima Domestic Violence System Design, Taking Stock

41

EMPLOYMENT SUPPORTS

While domestic violence cuts across all social groups defined by race, ethnicity, and economic status, it is clear that the combined experience of poverty and violence raises extremely difficult issues for victims. Given this, special employment supports and policy considerations need to be implemented to assist victims in their path to self-sufficiency.⁹⁴

Recommendation Integrate employment support (i.e., job readiness, placement, retention and peer support) into a long-term case management approach to assist victims in achieving economic independence

Rationale A significant barrier preventing many victims from becoming free from abusive relationships is economic dependence or the lack of opportunities and options to achieving and sustaining independence. National studies reveal that compared with women who reported never having been abused, women who reported having been abused at some point in their lives had experienced more spells of unemployment, greater job turnover, and significantly higher rates of receipt of cash assistance, Medicaid, and food stamps.⁹⁵



Additional research on current victims of domestic violence indicates that abusive partners often try to sabotage women's efforts to attend work or training programs, in some cases by becoming violent. Abusers are commonly reported to thwart attendance at these activities by promising child care that they then fail to deliver; destroying or hiding items the women need for the activities; harassing them at work; and inflicting visible signs of abuse, so the women will be too embarrassed to go to training, work, or a job interview.⁹⁶ Because of these obstacles, it is not surprising that in results of a study that interviewed victims who were working, 70% of the respondents said that their job performance was negatively affected by the abuse, and about 50% said that they felt they had lost opportunities for salary and career advancement because of problems related to the abuse.⁹⁷ In addition, some domestic violence victims experience emotional or physical health problems that could potentially effect their ability to find and maintain employment. Studies have found that domestic violence victims often suffer at a higher rate than the general population from chronic health problems, low self-esteem, depression, and post-traumatic stress disorders.⁹⁸

Similar findings are found locally – Arizona Women's Education and Employment (AWEE) reports that the percentage for successful completion of AWEE's program components (job readiness, placement, and retention) is 66% for participants with a

history of domestic violence compared to 95% for participants without issues of domestic violence. The primary factors influencing this lower success rate among participants dealing with domestic violence issues are:

1. re-engagement in an abusive relationship;
2. lack of transportation;
3. self-esteem issues;
4. lack of employer training to effectively respond to the needs of domestic violence victims in the workplace; and
5. corresponding environments of substance use and violence.

AWEE has found that these factors can be mitigated when long-term case management strategies and peer support opportunities are provided early in the employment support process.

Roadblocks Lack of *meaningful* partnerships and integration of case management approaches between employment assistance programs, employment support providers, and shelter/transitional housing providers.

Compartmentalized policies resulting in piecemealed funding for welfare to work, domestic violence, homelessness, and substance abuse issues. These issues are often interconnected and require policies which promote more holistic intervention strategies.

Access to *quality employment*, i.e., jobs with liveable wages, benefits, and opportunities for advancement and education.

Employers who are insensitive to the issues/dangers victims face.

Resources Providers are increasingly more willing to engage in an integrated case management approach and funders have heightened their awareness and support of it.

Experience of AWEE and other employment support providers who have a domestic violence component in their program delivery system.

Responsible Parties Collaboration between Employment support providers, Shelter and transitional housing providers, and Employers.



Document Preparation
completed through the
Human Services Dept. of
the Maricopa Association
of Governments.

SOURCES

- ¹ As defined by the Centers for Disease Control and Prevention, *Coordinated Community Responses* (CCR's) incorporate strategic community sectors to implement prevention strategies and provide victim services to reduce injuries or deaths caused by domestic violence. CCR's employ coalitions to integrate prevention strategies and services through increased communication and collaboration among participating sectors.
- ² Barbara J. Hart, "Seeking Justice: Coordinated Justice System Intervention Against Domestic Violence." Seattle Office for Women's Rights, 1992.
- ³ *Model Protocol for Local Coordinating Councils on Domestic Violence*, Kentucky Governor's Council on Domestic Violence, October 1997.
- ⁴ *Domestic Violence in the Workplace: A Policy and Procedures Manual for the Workplace*, prepared by the Baltimore City Commission for Women, (October 1996) p. 4.
- ⁵ Domestic Abuse Intervention Project, Duluth, Minnesota.
- ⁶ *Domestic Violence in the Workplace: A Policy & Procedures Manual for the Workplace*, op. cit., p. 4.
- ⁷ "Violence and the Family: Report on the American Psychological Association Presidential Task Force on Violence and the Family," American Psychological Association, (1996).
- ⁸ "Commission on Violence," American Bar Association, (undated).
- ⁹ "The National Elder Abuse Incidence Study," The National Center on Elder Abuse and the American Public Human Services Association. Executive Summary, p. 1.
- ¹⁰ Raphael and Tolman, "Trapped by Poverty, Trapped by Abuse: New Evidence Documenting the Relationship Between Domestic Violence and Welfare," American Bar Association statistics, p. 21.
- ¹¹ *Quincy Domestic Violence Community Response Manual*, Quincy Model Domestic Abuse Program, (Quincy, Massachusetts, 1990), pp. 9-14.
- ¹² "Domestic Violence Study," conducted by Wirthlin Worldwide covering the Maricopa County region., March 1999.
- ¹³ "The National Elder Abuse Incidence Study," op cit., p. 7.
- ¹⁴ Arizona Department of Economic Security, Aging & Adult Administration, Annual Report Statistics for Maricopa County, July, 1997 - June, 1998.
- ¹⁵ "Highlights of the Uniform Family Violence Program," July 1, 1997 through June 30, 1998, Arizona Department of Economic Security and the Department of Health Services.
- ¹⁶ "Violence Against Women Act Fact Sheet," United States Department of Justice, <http://www.usdoj.gov/vawo/vawafct.htm>.
- ¹⁷ J. McFarlane, K. Christoffel, L. Bateman, V. Miller and L. Bullock, "Assessing for Abuse: Self-Report Versus Nurse Interview" (*Public Health Nursing*, 1991), Vol. 8, pp. 245-250.
- ¹⁸ *State Policy Action Plan: Nevada Health Initiative on Domestic Violence*, "Recommendations on Routine Screening for Domestic Violence," (1997), p. 12-13.
- ¹⁹ J. Abbott, et al., "Domestic Violence Against Women: Incidence and Prevalence in an Emergency Department Population," *JAMA*, (1995); p. 273: 1763-1767.
- ²⁰ M. Rodriguez, et al., "Breaking the Silence: Battered Woman's Perspectives on Medical Care" (*Archives of Family Medicine*, March, 1996), p 5: 153-158.
- ²¹ "National Survey of Attitudes Toward Family Violence Survey," conducted by Schulman, Ronca & Bucuvalos, Inc., New York, NY, (1991, 1995), p. 273: 1790-1.
- ²² *State Policy Action Plan: Nevada Health Initiative on Domestic Violence*, op. cit., p. 13.
- ²³ *Ibid.*, p. 14-16.
- ²⁴ In 1990, New York became the first state to require all licensed hospitals to establish protocols and identify and treat domestic violence victims and utilize community referral lists. In 1995, with *AB 890*, California became the first state to mandate that all hospital and licensed clinics "establish and adopt policies and procedures to screen patients" for domestic violence, document such violence in medical records, and use domestic violence referral lists. The

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- ²⁶ E.N. Brandt, "Curricular Principles for Health Professions Education About Family Violence," (*Acad. Med. Suppl.*, 1997) p.72: s51-8.
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- ⁴¹ "Legal Interventions in Family Violence: Research Findings and Policy Implications," National Institute of Justice and American Bar Association, (undated), p. 38.
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- ⁶⁴ A lethality questionnaire is used verbally by some people to determine the likelihood of the perpetrator acting out violently toward the victim. A lethality computerized program which would provide a numeric readout is needed.
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- ⁶⁶ Healey et al., op. cit., p. 79.
- ⁶⁷ Ibid., p. xii.
- ⁶⁸ Ibid., p. 79.
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- ⁷⁰ Maricopa County Probation Unit statistics.
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- ⁹² *Family Violence: Emerging Programs for Battered Mothers and Their Children*, op cit., p. 12.
- ⁹³ Ibid., p. 21-25.
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APPENDICES

APPENDIX A: Responsible Agencies and Individuals

APPENDIX B: Examples of National Model Programs

APPENDIX C: Resources in Mental Health/Substance Abuse

APPENDIX D: Overview on Statewide Registries and Key Standards, National Bulletin on Domestic Violence Prevention

APPENDIX E: Key Features of Court-Based Child Care Programs

APPENDIX F: Coordinated Community Action Model, Domestic Violence Institute of Michigan

Community Accountability Wheel, Texas Council
Family Violence

Power and Control Wheel and Equality Wheel
Domestic Abuse Intervention Project, Duluth, Minnesota